360 Water Activity Declaration Form

This form must be read and completed by all those taking part in a water activity at 360 Beach & Watersports, if the participant is under 16 the form must be read and signed by a parent / guardian. This will ensure we can keep everyone as safe as possible on the water.

Please tick which Watersports session you are taking part in, recognising the age limits:

Surf's SUP Dudes (Ages 5-10)	☐	Kayak Karnage (Ages 5-10)	☐
Junior SUP (Ages 10-15)	☐	Junior Kayak (Ages 10-15)	☐
Adult SUP (Ages 16+)	☐	Adult Kayak (Ages 16+)	☐

- Parents / guardians must remain on site for the duration of the activity.
- You must be confident in deep water.
- Maximum weight limit of 16 stone / 100kg applies to kayaking and 17 stone 11lbs / 113kg to SUP.
- You must be physically and mentally able to take part in a high intensity activity within a group environment for the duration of your session.
- Suitable footwear must be worn at all times.
- Listen carefully to the safety brief given by the instructor prior to going onto the water.
- Instructions given by 360 staff and instructors must be followed at all times.
- Buoyancy aids & helmets provided must remain securely fastened whilst on the water.
- In the event of any damage / loss of the equipment through fault of the participant they are liable to pay for the repair/replacement.
- Watersports of any nature can be dangerous, whilst we make all attempts to safeguard our customers from such dangers, accidents & injuries can happen. In agreeing to take part in this activity & signing this declaration, you are acknowledging these dangers and agree to take part at your own risk.
- 360 Beach & Watersports are not liable for any injury, damage or loss to persons or property however incurred.
- By signing this you give us permission to film/ photograph you during the activity.
- You must inform us of any existing medical conditions which may affect your ability to take part.

<u>You must not take part if you:</u>

- You are currently pregnant or have recently given birth and experienced any difficulties during pregnancy.
- Breathing difficulties, including asthma where this is not satisfactorily controlled by medication.
- Epilepsy where this is not satisfactorily controlled by medication.
- If you suffer from heart disease, high or low blood pressure or any cardiovascular problems unless satisfactorily controlled by appropriate medication/treatment.
- You have consumed any Alcohol within the last 24 hours.
- You are taking medication which may cause drowsiness.
- You have frequent episodes of feeling faint or spells of dizziness.

I have read and understand the statements above and I agree to be bound by them.

Name of Participant: _____ Date of Birth: _____

Medical Conditions:_____

Emergency Contact Name and Number: _____

Email Address: _____

Signature of participant or parent/guardian if under 16: _____ Date:_____

Name of Crew who has checked declaration & allowed participation: _____