



HD10

Health Declaration Form

Name

Date of Birth..... Date of Activity

I have received and read details of the programme. I acknowledge that staff will be liable in the event of any accident only if they have failed to take reasonable care of me during the programme.

I have read the information issued by the centre concerning Weils Disease and I will ensure that my Weil's Disease information sheet is kept safely.

Sign.....Date.....

PLEASE COMPLETE THE SECTIONS BELOW

1. Please provide details of two people who can be contacted in an emergency.

Contact 1

Contact 2

Name

Name:

Address.....

Address:

.....

.....

Post Code.....

Post Code.....

Tel:

Tel:

Mobile:

Mobile:

2. It is important that the organising staff should know whether you suffer from any illness, disability or medical condition. Please use this space to state, in confidence, to inform of us of your current state of health and any issues that may affect you during the activity. Please indicate here also if you are receiving medication, with details and dosage. Can you also detail any medication that you may take onto the water including inhalers, epi pens or angina medication so that we can help you to self medicate should the need arise.

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PHOTOGRAPH CONSENT

3. As part of the work we do, Suffolk County Council occasionally take photographs or videos of various activities. These may then be displayed to promote or celebrate the work.

Please tick the box if you do not want photographs of you to be displayed

4. From time to time, Waters Sports centres may be visited by the media who will take photographs, film footage or carry out radio interviews. Participants will often appear in these images, which may be published in local or national newspapers, or on televised news programmes. Photos for the media and other publicity purposes may also be taken at events where our organisation is taking part.

Please tick the box if you do not want photographs taken of you by the media

Signed.....

