

The parent or legal guardian of the young person partaking in activities provided by Rapid Horizons Ltd must complete this

Child's Name:		Date of Birth:			
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Parent / Guardian's Name:			
Address:			
Emergency Contact Number:	Day:	Evening:	Mobile:
Email Address:			

PLEASE COMPLETE ALL SECTIONS	YES	NO
Does your child have a disability?		
Does your child have any medical conditions of which we should be aware?		
Does your child have any allergies?		

If you have answered YES to any of the above questions please give details including any treatments. (e.g. asthma pump, epipen):

PLEASE COMPLETE ALL SECTIONS	YES	NO
I understand that activities carried out by Rapid Horizons Ltd carry a potential risk of physical injury. I have discussed these risks with my child and have given consent for my child to take part in these activities.		
*I have read and understood the participant declaration form and have discussed the points with my child. I am satisfied that my child understands these points and is sufficiently competent and able to make the declarations within it. If this box is ticked yes, your child will not be required to sign the participant declaration on the day.		
I have listed all of my child's medical conditions and provided information on their treatment.		
In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person, and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.		

I accept and have impressed upon my child that Rapid Horizons Ltd staff will only be able to assist my child if they follow their instructions carefully and that acting outside the raft guide's advice may cause my child or a third party problems or injuries.		
My child is sufficiently fit and able to take part in the activities provided by Rapid Horizons Ltd, even in difficult conditions requiring physical exertion in strong currents.		
My child is confident in moving water with a buoyancy aid.		
We may occasionally film or take photographs of participants for publicity purposes, including reproduction on our website and on social networking sites. I give consent to Rapid Horizons Ltd to use photographs or footage of my child.		

By signing below shows that you have provided the information correctly and you give consent for your child to take part in Rapid Horizons Ltd activities without your presence.

Name: _____ Signature: _____ Date: _____

Rapid Horizons Ltd

1. I am aware that White Water Rafting, Tubing & Kayaking, can be a potentially hazardous activity that can cause physical injury.
2. I am aware that I will be given a safety briefing and I will ask my guide or instructor any questions that I am uncertain of.
3. I understand that the safety equipment given to me is appropriate for my specific activity and I will be using equipment that personally fits me.
4. I am physically fit to take part in this activity.
5. I am not under the influence of drugs or alcohol.
6. I understand I will be given information regarding water quality and I am aware that my activity is taking place on a natural river.
7. I am able to swim or if I can not, I will inform my guide or instructor before getting onto the water.
8. I am aware that if at any point my activity becomes unsafe; my guide or instructor has the right to terminate the activity.
9. If I suffer from any medical conditions I will make these known to my guide or instructor prior to the activity taking place.