



82 O'Connell Street  
Limerick  
Ireland  
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## Declaration

I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. I agree to abide by such regulations as The Kayaking Company or its representatives may consider advisable in order to ensure the safety of course participants. In consideration of and through my involvement in The Kayaking Company course, assessment or guiding trip, I hereby acknowledge and agree to release The Kayaking Company and its agents from any and all liabilities, which might result from my involvement in the course, indicated above.

I have read and agree to the above declaration, please tick to confirm.

I can confirm that I am a competent swimmer.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian (if under 18 yrs.):

Date:

\_\_\_\_\_

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### MEDICAL STATEMENT & QUESTIONNAIRE

Kayaking is an exciting and sometimes physical outdoor activity, which is relatively safe when undertaken using the correct techniques and safety procedures. You therefore need to be in a relatively good physical and medical condition in order to participate fully in a kayaking training course or tip. If you suffer from any of the conditions listed below you will not necessarily be unable to participate in a kayaking training course. The fact, however, that there is a pre-existing condition might affect your safety and possibly that of other course participants. This may require that you seek medical advice before enrolling on a training course or . If you are in any doubt about your suitability to enroll on a course please contact The Kayaking Company.

#### Medical Questionnaire

Have you ever had or do you currently have:

1. Any condition (or a condition for which you are taking medication) that prevents you performing moderate exercise? Yes / No.
2. Epilepsy, seizures, convulsions; and / or do you take medication to control these or a similar condition? Yes / No.
3. Asthma, Sinusitis, Bronchitis and / or do you take medication to control these or a similar condition? Yes / No.
4. Angina, high blood pressure or any form of heart disorder and / or do you take medication to control these or a similar condition? Yes / No.
5. Recurrent Back problems, back or arm problems following surgery, injury or fracture? Yes / No.
6. Behavioural, mental or psychological problems (e.g. panic attack, fear of closed or open spaces, etc.)? Yes / No.

#### Office Use Only.

Details. \_\_\_\_\_ Reg. \_\_\_\_\_ Pre Recs. \_\_\_\_\_ Meds. \_\_\_\_\_ Deposit. \_\_\_\_\_ Paid. \_\_\_\_\_



**Declaration**

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition. I furthermore agree to abide by such regulations as the Kayaking Company or its representatives may consider advisable in order to ensure the safety of course participants. In consideration of and through my involvement in The Kayaking Company's training course,

I hereby acknowledge and agree to release The Kayaking Company and its agents from any and all liabilities, which might result from my involvement in the training course, indicated above

**Signature of Applicant:**

**Date:**

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**Signature of Parent/Guardian (if under 18 yrs.):**

**Date:**

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THE KAYAKING COMPANY