



Brighton Kayak Experience

making paddleports accessible to all

Booking Form

Name of activity :

Date :

Name :

Address :

Telephone :

Email :

Emergency contact details (Name and phone number) :

Names of children :

Age :

I have already paid electronically via website
or

I enclose cash / a cheque made payable to R J Leatham

Please return completed and signed booking forms to Rob Leatham, 6 Glastonbury Road, Hove BN3 4PL

DECLARATION

I have read and agree to Brighton Kayak Experience's terms and conditions.

I understand that Canoeing & Kayaking are assumed risk, water contact sports, that may carry attendant risks. I accept these risks and recognise that, whilst Brighton Kayak Experience takes all reasonable steps to ensure the well being of The Participant, it is my responsibility to have regard for my own safety and not to act in a way that is dangerous to anyone.

Before each session I will inform the Brighton Kayak Experience coach of any medical condition that they need to be aware of, for myself or child.

Signature of **all** Participants :

Date :

To be completed by the parent or guardian of any under 18 year old Participant.

I have read the declaration signed by child above, and I am willing for him/her to take part in the Brighton Kayak Experience.

Name:

Signature:

Date:

(Please Print)