



## Consent for Participation in a Sailing Residential

<b>Full Name of Participant:</b>		<b>Dates:</b> _____ <b>to</b> _____		
<b>Group:</b>		<b>Telephone no:</b>		
<b>Age:</b>	<b>DOB:</b>	<b>Young Persons Mobile no:</b>		
<b>Contact email address:</b>				
<b>Home address:</b>		<b>Ethnic origin:</b> <small>e.g. White British, White (other), White Irish, Mixed race, Indian, Pakistani, Bangladeshi, Other Asian (non-Chinese), Black Caribbean, Black African, Black (others), Chinese, Other</small>		
<b>Postcode:</b>		<b>Any Medical Conditions:</b> <small>e.g. Asthma, Hayfever, Allergies (including allergies to medication), Diabetes</small>		
<b>Is the young person allowed to go swimming in the sea?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Prescribed Medicines:</b>  <small>Including all medicines and equipment with detailed instructions</small>		
<b>The following to be signed by the participant</b>				
<b>Doctor's Name:</b>		<b>Telephone no:</b>		
<b>Address:</b>		<b>Special Dietary Needs:</b>  <small>e.g. vegetarian, food allergies, low or no added sugar</small>		
<b>Postcode:</b>				
<b>Do you consider yourself to have any kind of disability?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>If yes please state:</b>		
<b>Emergency telephone numbers:</b>				
	<b>Relationship</b>	<b>Name</b>	<b>Telephone no:</b>	<b>Telephone no:</b>
1				
2				
<b>If accepted:</b> 1. I undertake to conform to any health and safety regulations of the programme. 2. I undertake to perform duties assigned to me. 3. I undertake not to hold Sea-Change Sailing Trust responsible for compensation in respect of loss or damage to personal property, which I sustain. 4. I understand the importance of advising the Sea-Change Sailing Trust of any medical or special needs, which may require particular attention in order to enable my full and safe participation in the event.				

<b>Signature of participant if over 16:</b>	<b>Date:</b>
<b>Consent to use Information and Photographs for Publicity</b>	
<p>We will want to use some of the photographs, video clips and quotes to help with promotion and publicity for future activities and programs.</p> <p>Photos etc. are always a good way of showing what happens during the programmes and it was probably pictures of someone doing something that helped inform you.</p> <p>We cannot do this without your consent if you are in the frames. Also, if you are under 18 years of age we also need consent from your parents or guardians.</p> <p>Thank you</p>	
<b>Please fill in these details so that we can respect your decision</b>	
I (print participant name)	give consent/do not give consent for photos, video or quotes involving me to be used for future publicity and promotion.
<b>Signed (participant) if over 16:</b>	
<b>Consent of Parent/Guardian if under 16:</b>	
*delete as appropriate	
<b>Print name of Parent/Guardian:</b>	
<b>For participants up to the age of 25 with special needs</b>	
I give consent/do not give consent for staff members to assist in personal care if required.	
<b>Consent of Parent/Guardian:</b>	
*delete as appropriate	
<b>Declaration by Parent/Guardian</b>	
<ol style="list-style-type: none"> <li>1. I have read and approve this consent form and agree with everything written.</li> <li>2. I agree to my son/daughter/ward taking part on the above named visit and activities as listed within the programme, understand that staff may need to make the decision to change the programme at short notice to comply with their ongoing risk assessments.</li> <li>3. I undertake not to hold Sea-Change Sailing Trust responsible for compensation in respect of loss or damage to personal property, which he/she sustains during the trip.</li> <li>4. I understand the importance of advising the Sea-Change Sailing Trust of any medical or special needs, which may require particular attention in order to enable my son/daughter/ward's full and safe participation in the event.</li> <li>5. I undertake not to permit my son/daughter to attend the visit if he/she is not in good health or has been in contact with an infectious disease within two weeks of the commencement of the visit.</li> <li>6. If at any point of the visit, he/she requires urgent medical treatment and provided that I cannot be contacted personally, I give permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.</li> </ol>	
<b>Signature of Parent/Guardian:</b>	<b>Date:</b>
<b>Print name of Parent/Guardian:</b>	

