



CONSENT FOR PARTICIPATION IN A SAILING RESIDENTIAL

This form to be completed by each participant.

For those under 18 years, and for adults with special needs, this form must be signed by a parent/guardian.

Full Name of Participant:		Dates: From		to
Group:		Telephone no:		
Age:	DOB:	Participant's Mobile no:		
Contact email address:				
Home address:		Ethnic origin: <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>		
Postcode:		Any Medical Conditions: <small>e.g. Asthma, Hayfever, Allergies (including allergies to medication), Diabetes</small>		
Is the participant allowed to go swimming in the sea? Yes <input type="checkbox"/> No <input type="checkbox"/>		Prescribed Medicines: <small>Including all medicines and equipment with detailed instructions</small>		
Doctor's Name:		Doctor's Telephone no:		
Doctor's Address:		Special Dietary Needs: <small>e.g. vegetarian, food allergies, low or no added sugar</small>		
Postcode:				
Do you (participant) consider yourself to have any kind of disability: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:				
Emergency telephone numbers during voyage:				
	Relationship	Name	Telephone no:	Telephone no:
1				
2				

Consent to use Information and Photographs for Publicity

By signing the declaration at the end of this form you are consenting to your image being used for publicity purposes.

This box is for participants with special needs only:

Consent to assist with personal care

I **CONSENT/DO NOT CONSENT** (delete as appropriate) to staff assisting with personal care where necessary.

Signature:

DECLARATION BY ALL PARTICIPANTS:

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 during the voyage.
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.
5. I consent to my image being used by Sea-Change Sailing Trust for publicity purposes.

Signature of Participant:

Date:

Print name:

DECLARATION BY PARENT/GUARDIAN (delete as appropriate)

1. I have read and approve this consent form and agree with everything written.
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.
3. I consent to the image of my son/daughter/ward being used in publicity purposes.
4. I undertake not to hold Sea-Change Sailing Trust responsible for compensation in respect of loss or damage to personal property during the voyage.
5. I understand the importance of advising the Sea-Change Sailing Trust of any medical or special needs, which may require particular attention to enable my son/daughter/ward's full and safe participation in the event.
6. 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.
7. I consent to allowing senior ship-staff to act in loco-parentis in a medical emergency and to administer over-the-counter medications if I cannot be contacted.

Signature of Parent/Guardian:

Date:

Print name of Parent/Guardian:

