



www.eastcoastkayaking.com

Student Medical & Waiver Form

**Any information that you provide in this form will remain confidential.
Release of liability must be signed to participate in this activity.**

Students Full Name _____

Address _____

Date of Birth _____

Guardian / Parent's Full Name _____

Ph. No 1 _____

Ph. No 2 _____

- | | |
|--|--------|
| • Can you swim? | Yes/No |
| • Are you currently taking any medication? | Yes/No |
| • Are you suffering from any injury? | Yes/No |
| • Do you have any known allergies? | Yes/No |

If you have answered "yes" to any of these questions please outline below

Assumption of Risk

As a participant in any form of kayaking activities, I acknowledge that my dependant is participating on a voluntary basis and that inherent risks are involved in kayaking. I acknowledge that my dependant is participating in an activity where injury and unanticipated events may occur including immersion in cold water, hypothermia, collision with rocks, collision with my own or other watercraft, surf related injuries, insect bites and stings drowning and accidents which may result in serious injury or death.

Release of Liability

I acknowledge that on behalf of my dependant I accept any and all risks and will hold East Coast Kayaking, its owners, agents and associates harmless from and defend them from any and all actions of any nature that may arise out of or in connection with this activity.

By signing this document I acknowledge that I understand and agree to the terms and conditions set forth in the above "Assumption of Risk" and "Release of Liability" part of the document.

Signature of parent or guardian.

Signed _____

Print Name _____

Date _____



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East Coast Kayaking

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