



RISK DISCLOSURE STATEMENT

Kayaking and other water-based activities are activities which have inherent risks, which may include physical strains and emotional stress. Pacific Coast Kayaks Ltd. instructors will be using current and accepted industry practices to manage risks to a level deemed suitable in accordance with our Operating Procedures and Policies. However by signing the Release & Waiver Form below, participants (or their representative(s)) are acknowledging that some degree of risk will remain, and that each participant will accept this degree of risk and assume personal responsibility for their own actions at all times. In the interests of safety participants also agree to abide by the instructions given by the Pacific Coast Kayaks Ltd. staff at all times, and to respect the wishes and safety of the other participants present.

RELEASE & WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF RISK:

I / We, the undersigned, being the representative of the Client (person or organization), and the participants, agree(s) that:

- I / We will be responsible for communicating the above Risk Disclosure statement to participants, obtaining their consent, including parent / guardian consent for minors, and hereby specifically acknowledge on behalf of the participant group, that the degree of risk remaining in the planned activity is acceptable.
- All participants release Pacific Coast Kayaks Ltd. from any liability for loss, damage or injury, which might result from undertaking this activity, regardless of how this might occur, and without exception.
- I / We accept, on behalf of the group, that each participant agrees they will abide by all instructions given by Pacific Coast Kayaks Ltd. Staff (the person signing this form must ensure all participants understand this requirement). You agree that all participants must be conscious of their own safety, and that of other persons present, and all participants (or their representative / supervisor in the case of minors) will take full responsibility for their actions at all times.
- I / We agree that the Pacific Coast Kayaks Ltd. Term & Conditions relating to this Booking will be complied with in their entirety in the interests of safety and quality of this planned activity.
- Due to the outdoors setting of this activity, access to hospital and medical facilities may be limited. By signing below you are giving consent for the administration of medical treatment by the instructor / guide and / or other medical personnel in an emergency situation. It is important that you provide a complete account of the medical history of the group, on the panel provided, for these reasons.

Name (representing the Client): _____

Signed: _____ Date: _____



SUMMARY OF MEDICAL INFORMATION FOR GROUP (Please complete):	
Number in group	
Range of ages	
Supervising person who is responsible for organizing this activity	Name: Address: Telephone: Email:
SUMMARY of Medical Info: Please list any medical or physical conditions which may limit the performance of anyone in the group	
SUMMARY of any current Medications taken by anyone in the group for any reason	
Names of any persons who cannot swim, or are thought / known to be of lesser confidence in water environments	

Please complete this form and present it to a Pacific Coast Kayaks Ltd. staff member at the commencement of this booking.

Please identify any medical / special needs / or cultural issues which exist within your group, which might have a bearing on the success of the planned activity. Call us as early as possible to discuss any of these aspects, or for any other questions relating to this booking.

Contact us anytime at:
Pacific Coast Kayaks Ltd.
Phone: (09) 436 1947 or (021) 1295921
Email: pc.kayaks@gmail.com
Website: www.nzseakayaking.co.nz