

EMERGENCY CONTACT DETAILS AND HEALTH DECLARATION

**Name:**.....

To ensure this declaration is recent, please do not complete this form sooner than one week before commencing your course/sailing experience with us. Remember to sign and date the form then hand it to your skipper/instructor when joining the yacht.

**SHORE CONTACT DETAILS:**

<b>Name:</b>	<b>Relationship (e.g. Wife):</b>
<b>Home Telephone:</b>	<b>Mobile:</b>
<b>Address:</b>	

**YACHT CONTACT DETAILS:**

If someone needs to contact you whilst you are on board the yacht, they can do so by contacting our office on 08458 388 988.

**MEDICAL CONDITIONS/TREATMENT:**

You must tell your skipper if you are receiving any medical treatment or suffer from epilepsy, disability, giddy spells, asthma, diabetes, angina or any other heart condition. Medical conditions or illnesses will not necessarily prevent you from participating fully in the activity, but you may want to discuss this with your doctor

Details of medical treatment being received (if none write none)

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**SWIMMING ABILITY**

I can swim (YES / NO) delete as applicable

**LIABILITY:**

I understand that Anglia Sea Ventures Ltd, its servants, agents, instructors and sailing masters do not accept any responsibility for any loss damage or injury suffered by any persons and/or their property arising out of or during the course of their activities whilst cruising, training, instructing or otherwise unless such loss or damage was caused by or resulted from negligence.

I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, giddy spells, asthma, diabetes, angina, or other heart condition, and I am fit to participate in the course.

Signature..... Date:.....