



Large Group Information & Medical Form

Please fill out this table as accurately as you can! The more information we have, the better we can help your group! Once all entrants are added, please read, complete and sign the general information to the right. Thank you! Please include anyone who will be going on the water, including staff or helpers.

#	Participant Name	Date of Birth	Medical information/conditions	Photo?	Other relevant information
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Disclaimer & Emergency information

If certain participant(s) cannot consent to photographs, please include this in 'Photo?' column for that participant(s). We are able to not take photos of certain participant(s) if required!

Emergency information	
Emergency contact name:	
Emergency contact position:	
Emergency contact telephone number	

Photo Consent
By indicating 'Yes' in the Photo column (left) and signing below, I confirm that I have consent for Salcombe Watersports Limited and their employees/volunteers to photograph the individual and that the images may be used in print and online advertising including on social media.

Confirmation	
Salcombe Watersports Limited shall not be liable in respect of loss of life or injury to person or the loss or damage to property. I accept liability for, and shall indemnify Salcombe Watersports Limited against any claim for such loss, injury or damage to me and my dependents. I understand that watersports can be dangerous, and take part in the lesson(s) having understood these dangers and having read and understood this document. I confirm that all the information detailed in this form is, to the best of my ability, factual and up-to-date.	
Signed (print name)	
Job role	
Date	