



Participant information

Personal Information

First Name		House	
Last Name		Street	
Pronoun/Title		City	
		Post Code	

Over 18?	
Are you confident in water?	

Contact Details

Who do we contact to invite you to SEAS events? If it's you, then leave name blank

Name		Relationship	
Phone		Email	

Do you come to SEAS with anyone else (i.e. with family or as/with a carer)?

Name	
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Emergency Contact

*Who can we contact in case of an emergency?
(please name someone who is not likely to be with you on activity)*

Name	
Phone	



Participant information

Medical Information

Please give details of any medical conditions or medication that we need to consider during activities.

Please indicate which best describes your mobility with respect to access to activities

- Require wheelchair access and/or significant assistance

- Need some support with mobility

- Little or no mobility support needed

GDPR

The information you provide will be used to assist in the organisation and delivery of SEAS events. We will keep and handle your data only for this purpose and in line with our GDPR policy.

We'd like to remain in contact with you for the purposes of letting you know what is happening and organising events. This will usually be via Whatsapp, email or phone. We'd also like to be able to use photographs for publicity purposes.

Please indicate your consent.

Email	Phone	WhatsApp	Photo
<ul style="list-style-type: none">• Yes	<ul style="list-style-type: none">• Yes	<ul style="list-style-type: none">• Yes	<ul style="list-style-type: none">• Yes
<ul style="list-style-type: none">• No	<ul style="list-style-type: none">• No	<ul style="list-style-type: none">• No	<ul style="list-style-type: none">• No



Participant information

Agreement to terms and conditions of attendance

For under 18's or those without the capacity to provide informed consent, this should be signed by a parent (or a person who has parental responsibility) or guardian

I confirm that I have read and understand the terms and conditions of attendance and participation in SEAS sessions and agree to comply with the participant code of conduct.

Outdoor and adventurous activity is provided on behalf of SEAS by Edsential Conway Centre; Anglesey. I understand that Edsential is insured in respect of its legal liabilities only, and that there is no Personal Accident Cover. SEAS Sailability is insured in respect of its legal liabilities to its shore side volunteers. I will arrange my own insurance cover as I deem necessary.

I understand that neither the SEAS Sailability Charity, Edsential, the Conway Centre, nor any member of staff, accept liability for the loss, theft or damage to personal property. I will ensure I have any insurance cover necessary for my personal effects.

I agree to receive emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Name	
Signature	
Date	
Relationship to participant (if applicable)	