Under the Bridge

Participant Consent & Activity Acknowledgement Form

Session / Activity: _____

Date: _____ **Time:** _____

Location: _____

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1. PARTICIPANT DETAILS

Full name: _____

Date of birth: _____

Address: _____

Telephone: _____

Email: _____

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2. EMERGENCY CONTACT

Name: _____

Relationship to participant: _____

Telephone: _____

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3. HEALTH, MEDICAL AND ACCESS INFORMATION

Please tell us about anything that may affect your ability to safely participate in the activities.

This may include, for example:

- swimming ability or lack of confidence in water
- medical conditions
- allergies

- medication that may be relevant in an emergency
- previous injuries
- mobility or access requirements
- conditions affected by cold, heat or physical exertion
- any other information our session leaders should know.

Do you have any medical condition, injury, disability, allergy or other relevant health consideration that we should be aware of?

☐ No

☐ Yes — please provide details below.

Is there anything else you would like the session leader to know to help you participate safely?

You are encouraged to speak privately to a member of the project team if you would prefer not to provide sensitive information on this form.

4. SWIMMING & WATER CONFIDENCE

How would you describe your swimming ability?

☐ Strong/confident swimmer

☐ Comfortable in water but not a strong swimmer

☐ Limited swimming ability

☐ I cannot swim

☐ I am unsure / would prefer to discuss this privately

Are you comfortable entering or being close to natural water?

☐ Yes

☐ No

☐ Unsure

Participants will not be required to enter the water simply because they attend a session. Activities will be adapted where reasonably practicable to accommodate individual needs and abilities.

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5. ACKNOWLEDGEMENT OF RISK

I understand that activities around natural water involve inherent risks which cannot always be completely eliminated.

These may include, but are not limited to:

- slips, trips and falls
- falling into water
- drowning or near-drowning
- cold-water shock and hypothermia
- changing weather and water conditions
- currents, moving water and changing water levels
- underwater obstacles or debris
- unstable or slippery banks
- collisions with equipment, boats or other participants
- cuts, bruises, strains or other injuries
- fatigue, illness or physical exertion
- risks associated with travelling to or from the activity location.

I understand that the project will take reasonable and proportionate measures to identify and control these risks, including appropriate supervision, safety procedures, equipment and emergency arrangements.

I agree to follow reasonable instructions given by project staff, session leaders and activity instructors.

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6. PERSONAL RESPONSIBILITY

I agree that I will:

1. Follow safety instructions given by the project team.
2. Tell a member of staff if I feel unwell, unsafe, distressed or unable to continue.
3. Tell staff about any change in my health or circumstances that could affect my participation.
4. Not deliberately put myself or another participant at unnecessary risk.
5. Use safety equipment provided or required for the activity.
6. Follow instructions regarding entering, leaving or approaching the water.

7. Not enter the water unless instructed or authorised to do so by the session leader.
8. Inform staff if I am taking medication or have another circumstance that may affect my safety where this information is relevant.
9. Respect other participants, staff, volunteers, members of the public and the environment.

TICK BOX IF YOU AGREE

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7. BUOYANCY & SAFETY EQUIPMENT

Where appropriate to the activity and identified risks, I understand that I may be required to wear a buoyancy aid, lifejacket, wetsuit, footwear or other protective/safety equipment.

TICK BOX I understand that safety equipment must be worn and used in accordance with the instructions provided.

TICK BOX I will not deliberately remove or misuse safety equipment during an activity.

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8. COLD WATER & WEATHER

Where activities involve cold or open water, I understand that cold water can present significant risks, including cold-water shock, rapid cooling and hypothermia.

I understand that the session leader may decide to modify, postpone or cancel an activity because of weather, water temperature, water quality, water levels, environmental conditions or other safety considerations.

I agree to follow such decisions.

TICK BOX TO AGREE

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9. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorise project staff or emergency services to take reasonable steps to obtain appropriate medical assistance for me.

I understand that reasonable attempts will be made to contact my emergency contact where appropriate.

TICK BOX TO AGREE

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10. DECLARATION

By signing this form, I confirm that:

- I have read and understood the information above.
- I have been given the opportunity to ask questions about the activities.
- I have provided information that I believe is relevant to my safe participation.
- I understand that activities involving natural water carry inherent risks.
- I agree to follow reasonable safety instructions.
- I understand that the organisation will undertake appropriate risk assessment and safety procedures.
- I understand that signing this form does **not** remove the organisation's legal responsibilities or my own responsibility to act reasonably and follow safety instructions.
- I understand that I may choose not to participate in an activity or may withdraw from the session.

Participant name: _____

Signature: _____

Date: _____