

## **Fishing holiday Participation Disclaimer Under 18 s**

**i, the undersigned, accept the following as conditions for participation in the above fishing holiday:**

1. I am fully aware of the actual and potential risks in participation in this fishing holiday.
2. I declare that I will not go to the fishing holiday at Cavagnac lake unless I am medically fit on the day of the fishing holiday and that, in any case, I will go at my own risk.
3. To the extent permitted by law, I accept that the S.E.L.C will not be liable for any loss, damage, action, claim, costs or expenses, which may arise in consequence of my participation in the fishing holiday.
4. Nothing in these terms of participation and terms and conditions shall exclude or limit the liability of the S.E.L.C. for death or personal injury due to its negligence or its fraud.
5. I grant my permission to the S.E.L.C to use or authorize other bona fide agencies to use photographs, motion pictures, recordings, data or any other record of my participation in this fishing holiday for any legitimate purpose without remuneration.
6. I hereby agree to indemnify the S.E.L.C. for all claims, loss and expenses of any sort arising by reason of my breach of the above conditions, unauthorized acts or otherwise. Any breach of these conditions or failure by me to obey the lawful directions of the S.E.L.C staff and event day Bailiffs hereby entitles the S.E.L.C to terminate my participation in the above fishing holiday.
7. I will behave in a manner that is acceptable to the S.E.L.C, my colleagues, the venue and any persons who may be affected by my actions and behavior.
8. I will co-operate with requests by members of staff, or venue, staff involved in the fishing holiday or activity.  
I have read and understand the above.

Print name :

Date :

Signed :

## **Under 18 s Parental / Guardian Consent**

**I, the undersigned, hereby give my consent for my child named above, to participate in the Fishing Holiday detailed:**

**Please indicate if you have any objections in consideration of Clause above .**

Print name :

Date :

Signed :

Relationship to child :

Address :

Post code :

Telephone number :

Please indicate if you have any objections in consideration of Clause 5 above

Yes

No

*(please tick as appropriate)*

**Please complete this section if your child is under 18 and has additional support needs.**

Additionally, I understand that the Activity Leader and their colleagues will act in loco parentis on my behalf.

Having been made aware of what the above named external activity entails, the activity leader should be aware that the above named person has the medical conditions listed below.

They should, therefore, not take part in the following activities:

Further, the above named person, as a result of the condition/s listed above, uses the following medication:

Which, they need to take every hours.