**Gosport Summer Passport Scheme 2025 – Paddle Boarding/Kayaking Consent**

**Location: Gosport Park Date: Tuesday 12th August 2025**

Paddle boarding will be delivered by GoSport Activity Centre at Gosport Park. This activity is subject to availability and dependant on weather conditions on the day (we will provide updates via Facebook).

Please bring completed consent form on the day to sign up for a time allocated taster session. There is changing facilities available, please ensure appropriate clothing is worn and a change of clothes. Shoes MUST be worn on the water.

Please read the statement of risk below, answer all the questions and sign to consent to your child taking part in the activity.

GoSport Activity Centre places safety as a priority. Adventurous activities involve some risk for the people taking part. GoSport Activity Centre and GBC aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and minor fractures) are a possible result of taking part in Adventurous activities. GoSport Activity Centre and GBC will minimise the actual dangers by:

* Carrying out a careful risk assessment of all risks before commencing the activity.
* Only using experienced instructor with the appropriate qualifications for the activity.
* Giving clear safety instructions to everyone participating.
* Ensuring equipment and clothing are well-maintained and suitable for the activity and environment.
* Ensuring activities are within the capabilities of the participants.
* Asking participants to supply any medical conditions or information.
* Ensuring good hygiene standards are kept.

We expect participants to cooperate with GoSport Activity Centre. To also, adhere to Summer Passport’s behaviour policy to ensure the safety of all participants and follow instructions.

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| --- | --- | --- |
| I consent to my child taking part in the adventurous activity outlined above and understand Summer Passport’s behaviour policy remains in place.  | YES | NO |
| I understand there is an element of risk. I declare, to the best of my knowledge that my child is competent and medically fit to participate in the activities as part of a group. | YES | NO |
| I consent to medical treatment being given in the case of an emergency.  | YES  | NO |
| I understand the activity is subject to completed consent form and spaces are limited.  | YES | NO |
| I understand that the details I have provided will be stored digitally in accordance with GBC’s GDPR Policy. | YES | NO |

Young Person’s Full Name: …………………………………………………………………………………………………….

Parent/Carer Full Name: ………………………………………………………………………………………………………..

Signed: ………………………………………………………….. Date: …………………............................