

### Medical Considerations

*If you have any medical or psychological conditions, it is very important you let us know well before departure so that we can make extra arrangements if necessary.*

*Staff of Experience Canoe Kayak have the right to discontinue a participants participation any time during the trip if we feel the trip member is mentally or physically incapable to continue and/or if a trip member's continued participation jeopardizes the groups or his/her own safety.*

*Under these circumstances refunds are not given.*

*Experience Canoe Kayak is not a medical facility/centre and therefore has no responsibility regarding medical advice, medications or inoculations that you or your doctor deem necessary for your safe participation.*

*Experience Canoe Kayak assumes no liability regarding provision of medical care.*

*By signing the Rental Agreement, you agree to pay for emergency evacuation and emergency medical care.*

*Experience Canoe Kayak reserves the right to decline to accept or retain any person as a participant should such person's behavior, health or mental condition impede the operation of the trip/and or activity.*

***Please complete the following questions circling yes or no, provide any additional information in the space's provided***

#### Participants Medical Information :

Any existing injuries	YES	NO	
Recent sprains, fractures, or dislocations:	YES	NO	

#### Have you previously or do you currently have :

Low or high blood pressure	YES	NO	
Heart problems Angina	YES *	NO	*Do you carry a relief spray?
COPD/Lung Disorder	YES	NO	
Asthma *	YES	NO	*Do you carry an inhaler?
Exercise induced Asthma *			*Do you carry an inhaler?
Sleep Apnea	YES	NO	
Back problems	YES	NO	
Knee problems	YES	NO	
Dizziness, fainting spells	YES	NO	
Epilepsy or convulsions or siezure disorder	YES	NO	
Haemophilia	YES	NO	
Diabetes	YES	NO	Are you Type 1 or Type 2?

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Are you currently pregnant	YES	NO	
Do you have any mental health issues?	YES	NO	Anxiety / Depression / OCD / Other
Do you have a psychological conditions?	YES	NO	
Do you have a physical disability?	YES *	NO	* How does your disability affect you (Circle as appropriate  Standing Balance / Sitting Balance / Poor Sensation / No sensation / No pain sensation / Potential pressure sore risk) Breathing Affected / Circulation Affected / Co-ordination / Auto-nomic dysraflexia / Spasm / Cough reflex / Temperature regulation / Other :
Do you have a learning disability?	YES *	NO	*ADD or ADHD Aspergers Autism Other:
Do you have any allergys?	YES *	NO	*Anaesthetics Food Allergys Dietary Restrictions Bee's/Wasps Other
Additional Information:			

**Participant**

Signatutre : \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**Experience Canoe Kayak Representative**

Signatutre : \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_\_