

## ActionVan

Unit 9, Eastlands Boat Yard, Coal Park Lane, Swanwick, Hampshire SO31 7GW

## STAND UP PADDI E DISCI AIMER FORM

Name:	Date of Birth:
Address:	
Address.	Post Code
Email:	1 ost code
	Wanddown agaiden iainin an CUD Chub? VEC Na
Tel/Mobile:	Would you consider joining an SUP Club? YES No
SUP Ability Please Tick: Beginner Impl	rover Intermediate Advanced Expert Professional
Next of Kin: Contact Tel (for above):	
Medical History, which may affect any partic strictly private and confidential):	ipation in Stand Up Paddle boarding activities (any information given here is
·	ll be carried out at my own risk and that ActionVan will not be held liable in others, or any loss or damage including in relation to personal equipment and nduct of the business.
	t once it is taken outside the ActionVan building and understand that is my tup of the equipment before I use it on the water.
I declare that my SUP ability is that as set ou	it by me above and confirm that I am able to swim 25 metres unaided.
I agree to abide by the ActionVan's code of cimmediately on being asked to do so.	conduct and obey the instructions of the ActionVan staff, leaving the water
I understand that no liability is accepted by water, including (without limitation) wallets,	the ActionVan for the loss or damage of personal belongings taken onto the spectacles, clothing etc.
I am not under the influence of any drugs or	alcohol at the time making this statement.
I am competent to make this statement and and belief.	the details provided above are true to the best of my knowledge, information
Signed	Dated: