

My consent for this trip

Name: _____

Email Address: _____

Address: _____

Emergency contact person and phone: _____

Confirming Booking dates: _____

TICK HERE RISK STATEMENTS FOLLOW:

- I am physically fit and have disclosed all medical conditions, allergies and disabilities that could affect me while engaged in water-based or land-based outdoor activities
- I accept that Robfish may cancel or postpone the trip for safety reasons

CONSENTS:

- I approve the taking of photographs of this trip and the use of them for my memories and for marketing
- I understand that I may not catch a fish

MEDICAL STATEMENTS:

What is your fitness level like? _____

I can swim TICK if YES TICK if No

- Any relevant medical issues: i.e. Asthma or heart conditions? _____
- Do you have any allergies? _____
- Medicine is with me _____
- Do you have any dietary restrictions? _____

FINAL CONSENTS: I understand the risks associated with this trip. I give my consent to participate in the agreed trip and I will follow all the safety instructions of my guide. By signing this form I acknowledge that water-based and other outdoor activities are adventure activities with a degree of risk and the operator cannot guarantee my safety.

I agree to listen to instructions around safety first, in and around water. Some of the main hazards identified are:

- A. Potential fast moving water. Obstacles in the river such as trees and rocks
B. Other anglers on the river and in close casting proximity

Sign here: _____

Date: _____