

Severn Canoe Experience August 2025



Please complete the following form and email to Jill Fell:

Jill.fell@odyssey.org.uk

Please indicate which trip you are applying for:

Single day trip:

• Thursday 21st August

☐

• Friday 22nd August

☐

A two-day experience, paddling different stretches of the river each day:

• Saturday 23rd and

☐

• Sunday 24th August

☐

Section1: Personal Details

Title	First Name	Surname
Address:		
Postcode:	Telephone:	Date of Birth
Mobile:	Email:	

NEXT OF KIN/EMERGENCY CONTACT: The person you would like us to contact in an emergency.

Name:	Relationship to you:
Address:	
	Postcode:
Day telephone:	Evening telephone:

Section 2: Fundraising

The Severn Canoe Experience has not been set up as a fundraising event but if you wish to fundraise or give a donation in aid of Odyssey all contributions will be gratefully received and should be credited to the following:

Name of account: Odysseey Project Ltd

Sort Code: 40-52-40

Account number: 00089936

Reference: Severn (your name)

Section 3: Medical Information

It is for your own safety that we find out as much as possible about your medical history. This will ensure our staff understand your needs during the trip. All your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. We will attempt to accommodate everybody but do reserve the right to refuse participation on medical grounds if we feel your safety, and that of the group, may be compromised. Any decision made will be in consultation with you and your GP. Should any of your medical details change after you have completed this form then you must inform us.

Do you or have you ever suffered from

Please Circle

Vertigo	YES / NO
Heart trouble and/or blood pressure problems	YES / NO
Asthma, bronchitis and/or shortness of breath	YES / NO
Diabetes	YES / NO
Epilepsy and/or fainting attacks	YES / NO
Migraine	YES / NO
Severe head injury	YES / NO
Back problems	YES / NO
Allergies	YES / NO
Fractures, tendon, ligament/cartilage damage	YES / NO
Physical or other disability	YES / NO
Psychiatric or mental illness	YES / NO
Have you attended hospital for any investigations/treatment in the last two years?	YES / NO
Are you suffering from or a carrier of any infectious diseases?	YES / NO
Are you registered as disabled?	YES / NO
Are you pregnant?	YES / NO
Do you suffer from any other conditions that are not stated above?	YES / NO

If you answered YES to any of the above, please expand. Please include dates and any medication you are currently taking.

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Name, address and Phone number of your GP

In the event of an accident or illness while on the trip, I hereby give permission for Odyssey staff to initiate medical treatment and to inform my next of kin in case of hospitalization.

To the best of my knowledge this is a true and accurate description of my medical history and current condition. I understand that I am also responsible for informing Odyssey of any change in my medical condition, including pregnancy, which may arise between now and the departure date.

Section 4: Terms and conditions of entry

This agreement is made between Odyssey Project Limited, a registered charity number 1045259, Reg Office 37, St Margaret's Street, Canterbury, CT1 2TU and you the participant.

- a) Odyssey reserves the right to alter the itinerary should climatic or any other unforeseen circumstances render this necessary.
- b) Participants must be relatively fit to take part in the challenge and must complete the above medical questionnaire.
- c) **Participants with medical conditions that may be negatively impacted by exercise, especially heart-related issues, are recommended to obtain a medical clearance from their healthcare provider before engaging in the canoe trip.**
- d) By signing the application form participants confirm that to the best of their knowledge their general state of health is good and they take full responsibility for themselves. Participants **must** inform Odyssey of any change in their medical condition that occurs between submitting the medical form and the event date.
- e) Participants participate at their own risk and agree to indemnify Odyssey against claims for loss or damage to personal property, personal injury (or death) and any claim arising from the entrant's own actions.

Commitment

- I apply to take part in the Odyssey Severn Canoe Experience 2025 in accordance with the above terms and conditions of entry, which I have read and understood.
- I have given Odyssey certain information, including medical information, about myself and I consent to Odyssey using this data for the purposes of the event.
- I understand that my contact details will become part of Odyssey's supporter's database and I may be sent materials relating to fundraising activities and events in the future.

Please sign to confirm you have read, understood and accept the above conditions of entry:

NAME:.....DATE:.....

SIGNED.....Date