

Declaration of Medical Complications and Emergency Measures

I, , wish to compete in ICF Paracanoe events
Please print full name

I understand that the ICF requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition(s)

Possible Medical Complications

Steps to take should these occur

All medication is as follows

I understand that if I fail to state any known medical conditions, and if the condition results in having to perform a rescue, I will automatically be deemed ineligible for the present competition. I also understand that if a condition becomes evident for the first time during competition, and is diagnosed at the time, eg. dehydration, I will still be eligible to compete as long as I observe the recommended management for the condition.

Signature of Paddler (or Guardian if under 18)

Signature of Witness

Print Witness name

Date

PLEASE NOTE:-

The *ICF Paracanoe Athlete Certificate of Diagnosis* must be filled out in English, signed by a Medical Doctor, and attached to this form