



DUCHY *of* CORNWALL

ST. MARY'S HARBOUR, ISLES OF SCILLY

PARTICIPANT WAIVER & ASSUMPTION OF RISK FORM (Water-Based Public Activities)

Event – Water Carnival

Location – St. Mary's Harbour, Isles of Scilly

Date – 22nd August 2026

Organised within the harbour area with permission from:

St. Mary's Harbour Authority. The activity organiser remains responsible for event management, participant supervision, safety briefings, marshals and activity-specific controls.

Participant Details

Full Name: _____

Date of Birth: _____

Contact Mobile: _____

Emergency Contact Name & Number: _____

Can you swim 50 metres unaided? ☐ Yes ☐ No

If no, or if required by the organiser or safety team, an appropriate buoyancy aid or lifejacket must be worn.

Relevant medical conditions, allergies, medication or accessibility needs that organisers should be aware of:

Participants must not take part if they are unwell, injured, under the influence of alcohol or drugs, or otherwise unable to participate safely.

1. Acknowledgement of Risk

I understand that participation in this Event involves inherent risks, including but not limited to:

- Slips, trips and falls
- Falling into water
- Drowning
- Cold water shock
- Collision with structures or other participants
- Weather-related hazards

I voluntarily accept and assume all such inherent risks.



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2. Fitness to Participate

I confirm that:

- I am physically fit to participate
- I have not been advised by a medical professional not to take part
- I will inform organisers of any change in my medical condition

3. Compliance with Instructions

I agree to:

- Follow all safety briefings and instructions
- Comply with directions from marshals and safety personnel
- Wear any required safety equipment, including a buoyancy aid or lifejacket where instructed
- Stop participating immediately if directed to do so by an organiser, marshal, safety boat crew member or harbour representative

Failure to comply may result in removal from the Event.

4. Personal Responsibility

I understand that:

- The Event is volunteer organised
- Water-based activities carry obvious risks
- The Harbour Authority provides permission for use of harbour space but does not supervise individual participation

5. Indemnity

I agree to indemnify St. Mary's Harbour Authority, its officers, employees and agents against any loss or damage caused by my negligent or reckless actions during the Event.

6. Limitation of Liability

Nothing in this document excludes or limits liability for death or personal injury caused by negligence, fraud, or any liability that cannot lawfully be excluded or limited.

Subject to the above, I acknowledge that St. Mary's Harbour Authority is not responsible for losses arising solely from the ordinary and inherent risks of voluntary participation in the Event, except where caused by the negligence or unlawful act of St. Mary's Harbour Authority, its officers, employees or agents.



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7. Media Consent (Optional)

☐ I consent to photography and filming for promotional purposes. I understand that this consent is optional and may be withdrawn by contacting the organiser where practicable.

8. Data Protection and Privacy

Personal information provided on this form will be used only for event administration, safety management, emergency contact and insurance or incident record purposes where necessary. Medical information will be shared only with organisers, safety personnel or emergency services where needed to protect health and safety. Forms will be stored securely and retained only for as long as reasonably required for these purposes.

Declaration

I confirm that I have read and understood this document and agree to its terms.

Signed:

Name (print):

Date:

For Participants Under 18

I confirm that I am the parent or legal guardian of the participant named above, that I have read and understood this form, and that I consent to their participation. I understand that under-18 participants must comply with all safety instructions and may be required to be accompanied or supervised by a responsible adult as directed by the organiser.

Parent/Guardian Name: _____

Relationship to Participant: _____

Signature: _____

Date: _____