HEALTH & SAFETY ACKNOWLEDGEMENT FORM

2026

MY CONSENT FOR THIS TRIP

Name: _____ **Email:** _____

Phone: _____ **Age:** _____

Address: _____ **Emergency contact + phone:** _____

Booking / trip date(s): _____ **Trip / river / area:** _____

CLIENT INFORMATION & SUITABILITY

- ■ **Swimming ability:** ■ Confident swimmer ■ Basic ■ Unable to swim
- ■ **River / wading experience:** ■ Experienced ■ Some ■ None
- ■ **Mobility / balance:** Please advise if walking, uneven ground, balance or wading may be difficult.
- ■ **Relevant medical conditions:** including heart, asthma, seizure, diabetes or other condition affecting participation.
- ■ **Allergies / medication:** Please list relevant allergies, medication and whether required medication is carried.
- ■ **Dietary requirements:** Please advise if relevant to the trip.

Medical / other information relevant to today's activity:

KEY RISKS — PLEASE READ

River & wading: Fast or deep water, slippery/unstable riverbeds and banks, unexpected drop-offs, river crossings, entrapment, falling or being swept downstream, and cold-water immersion/hypothermia.
Natural hazards: Rapidly changing river levels/flows, flooding, heavy rain, lightning, high winds, extreme heat/cold, falling trees/branches, rockfall or landslips where relevant, and remote locations with delayed emergency access.
Activity & equipment: Hooks/flies, casting injuries, fishing and wading equipment, other anglers, and walking over uneven or steep terrain.
Personal safety: Clients may become separated, fatigued, lost or unable to continue. Alcohol or other impairment may make participation unsafe.

SAFETY INSTRUCTIONS & PARTICIPANT ACKNOWLEDGEMENT

- ■ **I understand** that fly fishing and outdoor activities involve inherent risks from water, weather, terrain and equipment.
- ■ **I will follow** all reasonable safety instructions given by my guide, including instructions about where and when to wade.
- ■ **I understand** the guide may restrict wading, change the route/location, postpone, suspend or end the activity whenever conditions or my circumstances make it unsafe.
- ■ **I understand** I must tell the guide immediately if I feel unwell, fatigued, cold, unsafe, or unable to continue.
- ■ **I understand** that catching a fish is not guaranteed.

GEAR / EQUIPMENT

Wader size: _____ **Boot size (US):** _____

Left / right-hand wind: _____ **Other equipment notes:** _____

Clients are responsible for reasonable care of supplied equipment. Damage caused by poor handling may result in a charge.

PHOTOGRAPHY / MARKETING — OPTIONAL

■ I consent to photographs/video of me being used by Robfish for marketing purposes. ■ I do not consent.

FINAL CONSENT I confirm that the information I have provided is accurate to the best of my knowledge. I understand the risks described above and agree to participate in the agreed activity while following my guide's safety instructions. I understand that the guide may change or stop the activity where safety requires it. I have had the opportunity to ask questions about the activity and its risks.

Participant signature: _____ **Date:** _____

Guide: _____ **Emergency equipment checked:** ■ Yes _____