



## Participant Declaration and Consent Form

Name of Group Organiser:		Activity Date:	
Participant Name	Gender and age	Medical Conditions, injuries or other relevant information	Any medication taken

Home address:	
Tel.no:	Email:
Emergency Contact, Name:	Tel No:
	Relationship:
Are you receiving medical treatment at present? If so please give details:	
Please give details of any medical conditions that might affect your performance or safety on this activity, include any previous injury's which might possibly be aggravated (please advise of any infectious illness in the 4 weeks prior to departure):	



Statement:

I acknowledge and understand that the person named above will be taking part in a number of different adventurous activities. **Participation in adventurous activities entails some risk of injury. Staff are trained and appropriately qualified to deliver these activities and will at all times proceed in a manner to limit the risk of injury. However, I understand that accidents and injury may occur.**

I agree to staff giving permission for the person named above to receive any medical treatment that the medical authorities deem necessary. I undertake to inform staff of any changes in my fitness prior to departure. I understand that the person named above will be familiarised with the hazards and will be expected to comply with instructions given by the staff in charge and any other health and safety guidelines.

I give my permission for photographic and video images to be taken during my course and agree that these may be used in future publicity material.

Signed:.....

Date:.....

*(Parent or Guardian if under 18)*

If any participant is under 18, please indicate your relationship to them on the separate sheet.

Please add any further information in this box, including participants experience in the activity (if any):