

## Acknowledgement of Risk Form & Parental Consent

**Safety & Risk Declaration:** This form is intended to make you aware of the risks associated with all activities and to help you make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit our obligations to you and does not in any way compromise your legal rights.

### General Information

Full Name:	Date of birth:
Email:	Telephone:

### Medical Information

Do you have any medical conditions, for example asthma, diabetes, epilepsy etc	Yes	No
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Please give details:

Do you have any disabilities or allergies that the centre should be made aware of:	Yes	No
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Please give details:

Do you have any special requirements?	Yes	No
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Please give details:

### Emergency Contact Details

Full Name:	Telephone:
Relationship to you:	Mobile:

### Safety & Risk Declaration

I understand that all activities by their nature involve an element of risk which could result in personal injury, illness or death. Whilst the staff team will take reasonable steps to ensure my safety, I understand they can not be held liable for my own actions, for which I must take responsibility, or for those of a third party.	Yes	No
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I have completed and submitted a medical consent form. I do not have any medical conditions or illnesses other than those disclosed on my medical consent form.	Yes	No
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I understand that I am not to participate in this activity if I am under the influence of alcohol or drugs.	Yes	No
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I understand that all jewellery must be removed or covered before taking part in any of the activities.	Yes	No
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I understand that I must take responsibility for any personal property or valuables taken on the activity. Should I lose or damage my property it is not the responsibility of the centre to replace.	Yes	No
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I understand that the quality of the water may vary and that there is risk of Weil's disease, and if I have any concerns regarding this, I should speak to a staff member.	Yes	No
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I have been able to read the above relevant Terms and Conditions and agree with these.	Yes	No
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**Photographs**

We occasionally film or take photographs of our activities for publicity reasons, including reproduction on our website. If you do not agree to us using photographs or footage that includes yourself/your child, please tick the box

Yes

No

**If you have any questions or queries or am unsure of anything in the above, please speak to member of the centre team**

**I am over the age of 18 and confirm that all the information supplied above is correct**

**Name:**

**Date:**

**Signature:**

**Parent / Guardian Signature (if the participant is under 18 years of age)**

I the legal parent/guardian of .....give consent for my child to take part in this activity.

In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion which may be considered necessary by a registered medical practitioner.

I also agree to any photos/videos taken of my child to be used for publicity purposes. (Initial ..... to opt out).

**Name:**

**Date:**

**Signature:**

