

Parental Consent Form

The Parents/Legal Guardian of the child named below **must** fill out this form.

NO FORM – NO PARTICIPATING

Child's Full Name: _____ Age _____

Child's Full Address _____

_____ zip code _____

Parents Home Tel No: _____

Child's D/O/B _____ Attending a session on (Date) _____

Person to contact in an Emergency _____ MobTel No: _____

Medical Statement to be completed by parents/legal guardians for child named above. Please circle answers.

Is your child Fit and Healthy and able to participate in the named activities? YES NO

Please answer the following questions by circling the answer, if you answer yes to any of the questions; please provide further details below in the space provided or please call us to discuss if your child can take part on

- Does your child have any conditions that require treatment or Medication? YES NO

If yes to the above please specify: _____

- Does your child have any of the following? _____
- Any Major illness YES NO
- Blackouts/Headaches/Dizziness YES NO
- Allergies to Bites/Food or medicine YES NO
- Asthma*see below/Bronchial illness YES NO
- Pregnancy YES NO
- Recent injuries/operations YES NO
- Recent injuries/operations YES NO
- Epilepsy YES NO
- Diabetes YES NO
- Heart complaints YES NO
- Back/Neck complaints YES NO
- Food Allergies ** see below/ YES NO
- Learning disabilities YES NO
- Physical disabilities YES NO
- Any other YES NO

Please note that if your child has any allergies to insect bites or recent operations/neck and back injuries please call us before the event date.

*Please note that we cannot allow participants with Asthma to participate if they are not carrying an inhaler with them in the event they may need it.

Please note **all participants need to be a Minimum age of 10 years old.

Any other Information _____ please
continue overleaf

Disclaimer Notice – MUST BE COMPLETED BY PARENT/GUARDIAN OF CHILD NAMED ABOVE IN ORDER TO TAKE PART

Our activity is a physical, challenging activity, which obviously has inherent hazards, associated with it. Whilst takes all necessary precautions to try and ensure safety of all participants, unfortunately trips, sprains and bruising may occur in consequence. Each Participant should familiarize themselves with the hazards and try and minimize these as much as possible by complying with our risk management guidelines, Safety briefs, instructions and guidelines. Please ensure all participants wear suitable clothing. The management accepts no responsibility whatsoever for any loss or injury resulting from any person's involvement in any of our activities named

above. Furthermore, it is understood and agreed that individuals participate at their own risk. For under 18's, we require a parent to sign this disclaimer.

I confirm that the above named child is under 18 but over 9 years old. I wish the above child to participate in the activity organized by the Company. I understand that the activity requires a moderate level of fitness and is physically testing. I accept that there is a risk of injury when undertaking such activities. I confirm that I do not know of any medical condition that my child suffers from which might have the effect of making it more likely that my child be involved in an incident, which could result in injury to themselves or others. I acknowledge the person responsible for my child(ren) will ensure the activity is carried out in accordance with the specific safety instructions provided by the instructor before the activity commences and acknowledge that the service will be undertaken with direct supervision. I acknowledge and confirm that I have read and understood the Company's Terms and Conditions, Safety Instructions and Disclaimer and I accept the terms contained therein.

I have authority from the Child's parent or guardian to sign this consent form and **I consent to emergency medical treatment being given if deemed necessary during the activity**

Signed _____ **Print Name** _____

Date: _____