

Prior to completing this registration form please take time to read all sections carefully. Full disclosure of previous and current health problems will be required. All information given will be strictly confidential and only released in the event of an emergency.

Name of Participant: Age:

Name of Organisation/Group:

Address:

Telephone Number:

Next of Kin Details:

Name: Relationship:

Address:

Home Number: Work Number:

Do you suffer from any medical condition or disabilities: YES
If yes please give details: NO

Are you receiving any treatment, medication, have you any allergies: YES
If yes please give details: NO

Photographic consent:

We constantly strive to update our website and facebook using photographs from our group activities. Please delete as appropriate:

I DO

I (do / do not) give consent for photographs to be taken during outdoor activities.

I DO NOT

- Acceptance of responsibility:

If you are completing this form as an adult participant (18+ years), please sign below.

I accept that while the instructors are qualified, skilled and experienced some hazards are beyond their control.
I give permission for the instructors to give first aid and seek emergency medical/rescue services for me in the event of illness or injury.

I realise that my participation is solely at the discretion of the instructors.

I agree to follow all instructions given to me by the instructor and to act in a responsible manner at all times.

Acknowledgement of Covid19

I confirm that I have been free from symptoms of Covid19 in the last 21 days prior to the date of the activity.

I accept that participation in any circumstances where the possibility of interaction is higher will therefore expose them to an increased chance of infection, relative to not doing so.

Signature: Date:

Parent/Guardian permission:

If you are completing this form on behalf of a young person (under 18 years), please sign below.

I am responsible for the young person named above who has my permission to participate in the proposed activities. I accept that while the instructors are qualified, skilled and experienced, some hazards are beyond their control.

I give permission for the instructors to give first aid and seek emergency medical/rescue services in the event of illness or injury.

Signature: Date: