

# PRO-ACTIVE ADVENTURE

## Individual Consent Form

School/Organisation: .....

First Name:..... Date Of Birth: ...../...../.....

Surname: .....

Programme Dates: From ...../...../..... To ...../...../.....

Water Confidence: (Swim 50m confidently)

.....  
Are there any on-going issues relating to your level of fitness:

.....  
Do You Suffer From Any Allergies: Yes / No \*  
Precipitator, Reaction, Intervention Required.

.....  
Do You Have Any Other Medical Conditions That May Affect Your Ability To Take  
Part In Adventurous Activities: Yes / No \*

.....  
Are You Currently On Any Medication: Yes / No \*

.....  
I the undersigned understand that the adventurous activities undertaken by my  
son/daughter with Pro-Active Adventure are physical and demanding sports, which  
obviously have inherent hazards associated with them. Whilst Pro-Active Adventure  
takes all necessary precautions to try and ensure the safety of all participants,  
accidents may occur in consequence. I understand that my son/daughter will be  
familiarised with the hazards and risk management guidelines and will be expected to  
comply with Pro-Active Adventure's instructors.

I understand that the management of Pro-Active Adventure accepts no responsibility  
whatsoever for any loss or injury resulting from any person's involvement in the  
activities who fail to comply with the guidance outlined above.  
I give permission for my son/daughter to attend the course with a clear understanding  
of the associated risks for these kinds of activities and agree that they do so at their  
own risk.

I agree to personnel employed by Pro-Active Adventure to arrange medical treatment  
in the unlikely event of an accident or emergency, if necessary, this includes the use  
of anaesthetics by medical staff.

Signed Parent or Legal Guardian: .....

Relationship: .....

Date: ...../...../.....