



# Consent Form

School/Organisation/Program:.....

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

Surname: .....

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

Previous Experience Of Outdoor Education:

.....  
.....

Water Confidence: (Swim 50m confidently)

.....

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

.....  
.....

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.

Signed Parent or Legal Guardian: .....

Relationship: .....

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



Tyndwr Hall, Tyndwr Road, Llangollen, LL20 8AR  
Tel: 01978 860088/Fax: 01978 860088  
E-Mail: [danny@proactive-adventure.com](mailto:danny@proactive-adventure.com)  
Web Site: [www.proactive-adventure.com](http://www.proactive-adventure.com)





Do You Have Any Significant Injuries: Yes / No \*

.....  
.....  
.....

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 \*

.....  
.....

Name Of G.P:

.....

Telephone Number/s:

.....  
.....

### Agreement To Medical Treatment

I agree to personnel employed by PRO-ACTIVE ADVENTURE to arrange medical treatment in the event of an accident or emergency, if necessary, this includes the use of anaesthetics by medical staff.

Signed: .....  
(Person with parental responsibility)

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

\* SIGN ONLY IF APPLICABLE: I can not accept blood transfusions or any medication derived from blood products.

Signed: .....

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



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## Parental Contact Details

Name of Parent or Legal Guardian: .....

Address: .....

.....

.....

.....

Post Code: .....

Home Telephone Number: .....

Work Telephone Number: .....

Mobile Phone Number: .....

Email Address: .....

## Photograph Consent Form

Pro Active Adventure may wish to \*take photographs / \*make a video recording of the activities of witch your \*child / \*children may be taking part. These images may be used in our brochures, on our web site and our Facebook page for advertisement purposes.

\* Delete as appropriate

I give permission for my son/daughter's \* photograph / \*video to be used as indicated above.

\* Delete as appropriate

Name of Child/Children:.....

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

Name of Parent or Legal Guardian: .....

**If you have any questions then please feel free to contact our office to discuss them with us.**



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