

Consent Form



School/Organisation/Program:

First Name:..... Surname:

Date Of Birth:/...../..... Programme Dates: From/...../..... To/...../.....

Previous Experience Of Outdoor Education:

.....
Water Confidence: (Swim 50m confidently) Yes / No *

.....
Are there any on-going issues relating to your level of fitness: Yes / No *

.....
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:

.....
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 event of an accident or emergency, if necessary, this includes the use of anaesthetics by medical staff.

Signed Parent or Legal Guardian:

Relationship:

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

Quality Badge awarded by



Head office: The Old Forge Annex, Snead, Churchstoke, Powys SY15 6EB

Tel: 01588 630123

E-Mail: office@proactive-adventure.com

Web Site: www.proactive-adventure.com

FaceBook: www.facebook.com/ProActiveAdventure



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Parental Emergency 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:

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

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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