

Adventure Activities Consent Form

To be completed by anyone taking part in activities with us that involve some water elements.

Your Full Name			
Date of Birth		Age	
Your Full Address			
Contact Telephone Numbers		Mobile	
Email address			

Next of Kin contact information	
Name	
Address	
Telephone	

Please answer all the questions below and give details where necessary. Under 18's are required to have a counter signature from a parent/guardian too. Pregnant ladies are unable to take part unfortunately.

If you have any pre-existing Medical Conditions, Allergies or Disabilities, please give details below but also contact us prior to your activity to discuss. Including any allergies to medicine. If you have any concerns about your ability to take part please seek your doctor's advice in advance too.

Can you swim? (please circle/tick)
Yes No

Do you agree to follow all safety instructions and inform the instructors if your becoming tired or having any difficulties during or after the activity. **Yes No**

Activities can be dangerous and accidents can happen. We will take reasonable steps to ensure your safety on activities but we cannot be held liable for your own actions. Do you agree that you take part in the activity at your own risk and understand you can opt out of the activity at any time. **Yes No**

Do you have any other information that may be relevant to you taking part in the activity?

Please tick here if you don't want us to take pictures of you while on activities, that we may use in future marketing material/websites/social media or receive occasional news/offers via email. ☐

Please sign and date your form: Signed: Date:	If under 18yo, a parent/guardian counter signature: Signed: Date:
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Please note, close contact with instructors maybe necessary on times, with fitting/adjusting kit and helping stance/posture etc