

**Consent Form**

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| **Activity Name** |  |
| **Participant Name** |  | **Dates****Attending**  |  |
| **Address** |  | **Date of Birth** | DD | MM | YYYY |
| **Postcode** |  | **Age** |  |
| **Email Address** |  | **Gender** | MALE | FEMALE |
| **Mobile Number**  |  | **Landline Number** |  |

**Please specify any medical conditions, if not please type N/A:**

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| **Emergency Contact**  |  | **Relationship** |  | **Telephone**  |  |

**Participant Statement:**

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| I confirm that I have completed the medical declaration to the best of my knowledge. Adventure Nene Ltd has done its upmost to assess and manage risk, however I understand I am about to undertake an outdoor activity which by its nature has an inherent and inevitable level of risk, which is small but cannot be eliminated entirely. I accept that Adventure Nene Ltd has the right to take emergency action and make related decisions in the case of termination of activity being considered necessary.  |

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| **I acknowledge photographs are occasionally taken by** **Adventure Nene Ltd for training and promotional purposes.** **Please confirm if you are happy to be photographed** | YES | NO |

**I understand and agree to the above participant statement:**

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| Signed**(Over 18)** |  | **Name**  |  | **Date** | DD | MM | YYYY |
| SignedParent or Guardian**(Under 18)** |  | **Name**  |  | **Date** | DD | MM | YYYY |