

Participant Registration and Consent Form



Participant Name:

Date/s of Activity:

Medical Information: Please detail here any medical condition; recent infectious disease, medication, allergies or disabilities that may affect the participant's ability to participate in activities.

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ADULT PARTICIPANTS:

Emergency Contact:

Name: **Telephone/Mobile:**

Participation Statement: Pure Outdoor Ltd. recognises that our activities on offer are activities which carry with it a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement. Participants should be aware that they have a Duty of Care to themselves and those in their group. I have read, understood and accept the above participation statement, I am 18 years old or over and I understand the terms and conditions of booking.

Signed: **Date:**

UNDER 18 PARTICIPANTS (To be completed by parent or legal guardian):

Next of Kin:

Name: **Telephone/Mobile:**

Relationship to Child:

Parental Consent: I am aware that outdoor activities have an inherent risk of personal injury. I have understood the nature of the activities the child will be undertaking and accept the risk involved. I confirm that I am the parent/guardian of the child or someone who is able to sign on their behalf and I consent that they may take part in these activities. I consent to any emergency treatment necessary during the course including the use of anesthetics.

I understand that a certain level of acceptable behaviour is required to participate in outdoor activities and that the child may be excluded from activities if this level is not maintained.

I have read and agree to the above statements and confirm that the above information is accurate and complete.

Signed: **Print Name:**

Relationship to Child: **Date:**

PLEASE DISCUSS DROP OFF AND COLLECTION ARRANGEMENTS FOR YOUR CHILD WITH THE INSTRUCTOR