A picture containing logo

Description automatically generated

**Consent Form**

|  |  |
| --- | --- |
| **Activity Name** |  |

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

**In the last 5 years have you suffered from any injury or complaint with the following:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legs** | YES | NO | **Ears/Eyes** | YES | NO | **Diabetes** | YES | NO | **Asthma** | YES | NO |
| **Arms** | YES | NO | **Lungs** | YES | NO | **Epilepsy** | YES | NO | **Bee sting** | YES | NO |
| **Back** | YES | NO | **Heart** | YES | NO | **Dizziness** | YES | NO | **Allergies** | YES | NO |

**If you answered YES, to any of the above please describe the issue:**

|  |
| --- |
|  |

**Any other special needs or medical requirements, please describe here:**

|  |
| --- |
|  |

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

**Participant Statement:**

|  |
| --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| **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:**

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