



Consent Form

All information contained in this document will be treated as confidential.

This form must be completed by the parent/guardian of any person under the age of 18 or by the participant if over 18 before they may participate in any activities organised by Acclimatize.

Personal Details

Participants full name

Address

Date of birth

Age

Gender Male: Female:

I agree to the above named having the opportunity to participate in adventurous activities. I understand that although potentially hazardous, an instructor who holds the relevant awards or qualifications will lead these activities and will maintain a high level of safety throughout the activities. I acknowledge the need for responsible behaviour and that the instructors' word is final on all matters of safety.

MEDICAL (To be completed by all participants)

I have written below full details of any recent illness or medical condition of which the party leader should be aware, including details of any medication or special dietary requirements:

I agree to the participant named above receiving emergency medical treatment including anaesthetic considered necessary be medical authorities present.

Family Doctors name and address

Tel No.

EMERGENCY CONTACTS FOR THE DURATION OF THE COURSE

Name

Address (if diff. from above)

Tel No.

INSURANCE

I understand that Acclimatize is covered in the event of accidents caused by their negligence but Acclimatize does not provide personal insurance for participants.

Signature

Acclimatize safety policy is available from your group organiser
ACCLIMATIZE is registered with THE ADVENTURE ACTIVITIES LICENCING AUTHORITY to provide Rock climbing, Abseiling, caving, mine exploration, hill walking and mountaineering, orienteering, kayaking, raft building, open canoeing, gorge scrambling, off-road cycling

Print Name

Parent/Guardian

