**Activity:**

**Date:**

**Participant Information**

Any medical conditions, medications being taken, recent illness, allergies, surgeries, pregnancy or other information the instructor should be aware of, **must** be detailed on this form.

|  |  |
| --- | --- |
| Group Name |  |
| Contact Mobile Number |  |
| Participants |  | Name | Age |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
|  | 7 |  |  |  |
|  | 8 |  |  |  |
|  | 9 |  |  |  |
|  | 10 |  |  |  |
|  | 11 |  |  |  |
|  | 12 |  |  |  |
|  | 13 |  |  |  |
|  | 14 |  |  |  |
|  | 15 |  |  |  |
|  | 16 |  |  |  |
| Medical Info  |  |
| Emergency Contact  | Name: Contact Telephone Number:  |

**Participation Agreement**

* I understand that I/we will be taking part at my/our own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff or Adventure Okehampton, unless proven to be caused by their negligence.
* I understand that participation in adventurous activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding.
* I declare that to the best of my knowledge the participants named above are competent and medically fit to participate in the activities as part of the group. I agree that first aid treatment will be given if necessary and in case of emergency.
* I understand that participation in this activity requires participants to abide by applicable rules and standards of conduct. Activity may be cancelled on the day without refund if participant(s) behaviour is deemed to be unsafe, inappropriate or if participants have consumed alcohol or taken illegal substances.
* I agree that a similar activity may be substituted at short notice due to safety factors or weather conditions.
* I understand that personal information from my booking for this activity may be stored digitally.

**Agreement**

All participating adults have carefully considered the risk(s) involved and agree to all statements contained within this form. We give consent for any under 18yrs participant(s) named above, as their parent/ guardian, to participate in this activity.

Name: Signature: Date:

Please let us know how you heard about our activities ☺

 Facebook Website Returning customer Word of mouth Other: please state