UNDER 18'S PARENTAL CONSENT & ACKNOWLEDGEMENT OF RISK HEALTH FORM

Please complete **in full** the form below. This form gives your consent for your child to take part in the activities, as well as providing information that Cumulus Outdoors require:

SCHOOL/ GROUP/ ORGANISATION:..... ***(Organised schools/ youth groups only)***

PARTICIPANT (Full Name)**:** ..... Male / Female / Prefer not to say* Date of Birth: .....

Home Address:

Parent / Guardian: (Full Name): .....

Daytime Phone:..... Mobile:..... Email:.....

Adventurous activities (stand alone or as part of a residential programme) are physical and demanding sports, which obviously have inherent hazards associated with them. Cumulus Outdoors takes all necessary precautions to try and ensure the safety of all participants. Each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with Cumulus Outdoors's risk management guidelines which are available upon request. Furthermore, it is understood and agreed that individuals participate at their own risk and that accidents can happen without any contributory negligence from the centre or its staff. In addition, Cumulus Outdoors can accept no responsibility for loss or damage to personal property or for personal injury not arising as a result of its own act or default. If the participant does not adhere to instructions given (for their safety and the safety of the others in the group) we reserve the right to remove them from the activity.

I hereby declare that Cumulus Outdoors have fully explained the risks inherent to adventurous activities, and that I fully understand the risks involved and wholly accept these risks as part of the activities enjoyment.

1. I agree to my son/daughter/ward* taking part in the activity with Cumulus Outdoors and have read/received the information.
2. I agree to them taking part in any or all of the activities arranged.
3. I consent to any immediate emergency medical treatment required by my child/ward during the course of the visit.
4. I confirm that my child/ward is in good health and I consider them fit to participate.

Signature Parent/Guardian..... Name (Please Print)..... Date.....

Please provide all of the following information regarding your son/daughter/ward:

A. Have they been in contact with any infectious illness in the last month? **Yes / No***
If so please state these here: **.....**

B. Do they suffer from any medical conditions?
For example: Asthma, Epilepsy, Diabetes, Migraines, Fits or Faints, bad period pains **Yes / No***
If so please state these here**: .....**

C. Do they have any allergies?
For example: Hay fever, weaver fish, stings, antibiotics, Elastoplast, medicines or food stuffs **Yes / No***
If so please state these here**: .....**

D. Do they have a disability? **Yes / No***
If so please state these here**: .....**

E. Are you happy for them to partake in water-based activities? **Yes / No***

F. Can they swim?
For all water sports, the participant needs to be confident in the water and be able to swim
50 metres in a buoyancy aid and 10 metres unaided: **Yes / No***

F. Do they have any dietary needs? **Yes / No***
If so please state these here**: .....**

In the event of illness or accident requiring emergency hospital treatment I authorise Cumulus Outdoors or an agent acting on their behalf to sign any written form of consent required by the hospital authorities on my behalf if a delay to obtain my signature is considered to be inadvisable by the doctor or surgeon concerned.

Yes / No*

Name, address, and phone number of your doctor:

IF THERE ARE ANY OTHER DETAILS THAT WE SHOULD KNOW ABOUT PLEASE PUT THEM ON THE REVERSE OF THIS FORM

We may want to record your child's image for publicity purposes. If you do consent, please tick. ☐

Signed: _____ **Name (please print):** _____

Activity Session: _____ **Date(s) of Visit:** _____

* Please circle as necessary