



Family - Consent/Medical Form for all participants taking part in Activities onsite at Carrowmena

Family Surname Name: _____ Date of Visit: _____

Family Member Name: _____ Date of Birth: _____ Family Member Name: _____ Date of Birth: _____

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Address: _____ Postcode: _____

Email Address: _____

Do any of the family suffer from any Medical Condition? _____

Please give details of any current Medical Treatment? _____

Has all family members been vaccinated against tetanus in the past 3 years? Y / N _____

Please give details of any Allergies: _____

Please give details of anything that could prevent any family member from participating in an outdoor activity. _____

Name of Doctor: _____ Doctor's Telephone No: _____

Please tell us about any special dietary requirements. (e.g. Vegetarian, nut allergy) _____

I CAN / CANNOT SWIM (for information only, it is not a necessity and buoyance aids will be provided)

I DO / DO NOT agree to Carrowmena taking photographs as a means of promoting their business through displays, presentation, social networking sites and website.

Confidentiality For the safety and wellbeing of our activity participants it is important that the medical information provided is complete and accurate. If, for reasons of confidentiality, you do not wish your details to be handled by a third party (group organiser, school office, etc) then please let us know.

Covid-19 Disclosure Please note that our team will be in contact with all groups 24 hours before your booking to complete a Covid-19 Disclosure form. If we are unable to contact the form will be completed day of activities.

Acceptance of Responsibility/Participation Statement The activities programme are undertaken in a way that manages the potential risk to clients, instructors and the environment, to the best of our ability.

Instructors are responsible for the safety of clients during activities, programmes and courses. In order to manage the risks appropriately, we request that all participants inform the Instructors upon arrival regarding any medical issues, or disabilities that may affect their ability to participate.

We adhere to "Challenge by Choice" philosophy. Therefore, by signing this document you are agreeing that you have enrolled on the activity of your own choice, are aware of and accept the inherent risk associated with the activity and understand that they are not obliged to participate in the activity.

I have read the 'details of activities' and understand the relevant description of activities. I agree to wear/for my child to wear safety equipment issued and to follow all safety procedures. I understand that the activities consist of substantial and physically testing tasks.

We supply qualified staff and specialist equipment, but all outdoor activities contain inherent risks.

By signing this form I agree and understand that I participate entirely at my own risk and I declare I have no medical/ physical conditions that would preclude me from taking part. I consent to any emergency medical treatment necessary in the event of an accident.

Adult Signature (18 +) _____ **DATE:** _____

Parent/Guardian Permission (if participant is under the age of 18 years)

NAME: _____ **SIGNED:** _____ **DATE:** _____