



LOUISE TULLY

Outdoor instruction and guiding

Participant Consent Form

This form must be completed by all participants over the age of 18 before commencing a course run by Freedom-Outdoors. If your children are taking part with you please fill out one of these forms for them too.

Name:

Age:

Course Attending:

Contact Number:

Address:

Email:

Name and contact number for someone to contact in the event of an emergency:

Medical information about you/ your child:

Please state any relevant medical conditions/ history (disclosure of medical information does not necessarily mean you can't take part).

Are you or your child allergic to any medications? e.g. paracetamol, penicillin?
If yes, please specify.

Declaration

I agree to me / my child receiving medication as appropriate and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the relevant medical authorities.

Signature..... Date.....

Freedom-Outdoors would like to remind you that participating in outdoor and adventurous activities involves an element of risk. You will be supervised by a highly qualified instructor, however outdoor activities can be hazardous and accidents can occur.

I acknowledge this risk and wish to participate in my chosen activity.

Signature..... Date.....