



Consent Form

Adults must live in the same household.	Adult 1 and / or Person Completing for minors: Participating Y / N	Adult 2:
Name:		
Address:		
Emergency Contact Name:		
Emergency Contact Tel No:		

To be completed by Parent or Legal Guardian		
	Name	Age
Child 1:		
Child 2:		
Child 3:		

Medial Conditions (continue on reverse if necessary):

As party leader I can confirm that no one in my group / household is (please tick each box and sign below):

- Suffering from Covid-19 or has been in contact with someone suffering from Covid-19 in the last 14 days.
- And that I will inform The Adventure Northumberland Group should I display symptoms of Covid-19 in the next 14 days.
- Furthermore, I can confirm that there is no medical reason that excludes me from partaking in this activity and that I have declared any appropriate medical conditions above.
- In the event of an injury, I give consent for Adventure Northumberland staff to deliver First Aid.
- I understand that I and my group should follow staff instructions and understand that these activities can be dangerous and have a higher risk than everyday life.

Signed: Date:

Activity: Date:

Admin Use:

Form checked by (Initials): Date: