



Consent & Acknowledgment of Risk

	Adult 1 and/ or Person Completing for minors. Participating Y / N	Adult 2
Name:		
Address:		
Emergency Contact:		
Emergency Contact Telephone Number		

For under 18's to be completed by Parent or Legal Guardian (continue on reverse if necessary)		
	Name	Age (If under 18)
Child 1		
Child 2		
Child 3		

Medical Conditions (continue on reverse if necessary)

As party leader/parent/guardian. I confirm that:

- there is no medical reason that excludes me or a member of my group from partaking in this activity and I have declared any appropriate medical conditions above.
- in the event of an injury, that staff can 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.
- I confirm that I am authorized to sign this consent form on behalf of my party.

Signed Date

Activity (Delete as required) Kayaking / Coasteering / Other Date