Wild Plans: Information & Consent Form

Separate forms to be completed for all participating clients.

PLEASE COMPLETE	ALL SECTIONS	AND RETURN THIS	FORM TO YOUR GUIDE

PRINT NAME:

death, and it is impossible to completely protect participating individuals from these risks. It is a requirement that all clients are aware of, and accept hese risks, and that they understand they are responsible for their own actions and involvement. Informed Consent declare that the information above is accurate and complete, and that I have not withheld any information that may be used in determining my/my child's ability to participate in the proposed activities. I understand that I must inform iGuide Adventure as soon as possible of any change in medical circumstances between the date this form is signed and the commencement of the activity session. consent to the disclosure of this information to emergency and medical personnel in the event of my being incapacitated. If the need arises, I agree to the provision of medical treatment, including anaesthetic, as considered necessary by medical authorities present. understand the extent and limitations of the insurance cover provided. also declare that I have read and understood the Participation Statement. I choose for me/my child to participate in the proposed activities with full knowledge of the risks involved.	PLEASE COMPL	ETE ALL SECT	TIONS AND RETURN THIS FORM TO YOUR G	UIDE				
Town/City Postcode Telephone T	Full Name				Date of Birth			
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