

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

Full Name		Date of Birth	
Address		E-mail	
Town/City	Postcode	Telephone	

Emergency Contact Information *

Name & Relationship		Telephone	
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* Only required if different from person responsible for booking.

Medical and Other Information *please use a separate sheet if necessary*

	Yes	No
Do you/your child suffer from any allergies?		

If 'Yes', please give details:

	Yes	No
Do you/your child suffer from any other medical conditions (e.g. asthma, diabetes)?		

If 'Yes', please give details:

	Yes	No
Are there any other past or present health issues, difficulties or needs that you/your child have that could affect your participation in adventure activities, or knowledge of which may be required by emergency services or medical staff?		

If 'Yes', please give details:

	Yes	No
Do you/your child have any specific dietary requirements?		

If 'Yes', please give details:

	Yes	No
Do you consent to you/your child being photographed and filmed for publicity purposes?		

Participation Statement

Adventure activities by their very nature have intrinsic risks associated with them. Participation in all adventure activities has a risk of personal injury or 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 these risks, and that they understand they are responsible for their own actions and involvement.

Informed Consent

I 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.

I 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.

I understand the extent and limitations of the insurance cover provided.

I 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.

Signature:

Date:

PRINT NAME: