



Wild Wet Adventures Parental consent Form:

ACTIVITY: _____

PATICIPANT

NAME: _____

D.O.B _____

ADDRESS: _____

TEL: _____

E.MAIL: _____

PROMOTIONAL CONTACT : _____

YES/ NO _____

HEALTH,FITNESS &MEDICAL CONDITIONS

Wild Wet Adventures activities may involve physical strenuous exercise and participants may be exposed to wet and cold conditions. Participants should consider their fitness and personal health before taking part in an activity. Participants with concerns should only attend following positive advice from their doctor and should make their condition known to the Wild Wet adventures tutor supervising the activity. We may contact you with promotional e-mails or texts from time to time,take photographs of your child for use on face book, please indicate if you would prefer to opt out.

ALL PARTICIPANTS UNDER 18 MUST PROVIDE THE ACTIVITY ORGANISER WITH A PROPERLY COMPLETED CONSENT FORM BEFORE TAKING PART IN THE ACTIVITY.

PARENT/GUARDIAN

NAME: _____

PARENT/GAURDIAN _____

CONTACT TEL: _____

E.MAIL: _____

Wild Wet Adventures will ensure the best possible care for young people who partake in our activities through the” Child Protection in Sport Awareness Workshops” which we have attended and our Child Protection policy.

MEDICAL

Does the participant have any medical condition,recent injury or illness? _____

YES/NO

If YES please give details of treatment/medication and present precautions along with contact details for their GP. _____

CONSENT

I consent to the above participant taking part in the above activities,I understand that neither Wild Wet Adventures,agents or employees are under any liability in respect of personal injury,loss or damage arising out of the hiring of the facilities or activities unless such personal injury loss or damage is a direct result of a negligent act of Wild Wet Adventures,agents or employees.

SIGNED : _____

DATE: _____

