



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:

- I confirm that there is no medical reason preventing me or any member of my group from taking part in this activity, and that I have declared any relevant medical conditions above.
- I consent to staff providing first aid in the event of an injury.
- I understand that my group and I must follow staff instructions, and that these activities involve greater risk than everyday activities.
- I confirm that I have authority to sign this consent form on behalf of my party.

Signed Date

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