Adventure Ways Participant Consent Form – SCHOOL PROVISIONS



Please complete all sections in CAPITALS

Scho	ool / Group name	Date(s)	
	cipant's Name		
	of Birth (if under 18)		
	ess		
		Postcode	
Ema	il address	Tel number	
MED	NCAL CONDITIONS		
Does	s the participant have any medical conditions or learning needs? YES / NC	•	
If YE	S - please give details of any of the following:		
*Me	edication being taken / ADHD / Allergies / Asthma / Dyslexia / Epilepsy / He	art Conditions / Impetigo / Other	
Ple	ase give details (continue overleaf if needed)		
*lf y	you have any medication, including inhalers, please ensure that this is broug	ght with you, even if you never use it.	
EME	RGENCY CONTACT DETAILS		
Next	of kin:	Relationship:	
Tele	phone:	Mobile:	
DEC	LARATION		
•	I recognise that adventurous sports can be dangerous and will ensure sponsible conduct and behaviour to ensure everyone haviour t	as a safe and enjoyable time.	
•	Participants must not suffer from any undisclosed medical or physical co		
•	For participants under 18 years, a parent or guardian must sign this for approve emergency medical treatment should the need a		WAYS staff to
•	I agree that ADVENTURE WAYS staff may photograph or video those ta	aking part in any ADVENTURE WAYS activity	
•	or store this media for training and/or promotional purpose ADVENTURE WAYS will endeavour to provide you with an enjoyable		
•	when we cannot complete the whole programme, for exa	mple strong winds, poor weather or other con	ditions dictate.
	In such cases, we will offer an alternative programme ar course but this may incur a charge.	nd may offer future dates for you to return to	complete your
•	I understand that no drugs, alcohol or weapons may be brought onto the	ADVENTURE WAYS provision. I understand	that if there is
	suspicion that I have any of these articles on my perso these items, if found, being confiscated.	n I consent to my possessions being search	ed and any of
•	I agree to behave in an appropriate manner and listen to all instructions that failure to comply with ADVENTURE WAYS staff will I		
•	I understand that if there is a suspicion, I am intoxicated that I will lead to	me being unable to participate in the provision	on
•	I agree that I am responsible for any costs incurred by ADVENTURE W property by myself/ the person for whom I am a legal gua		equipment or
Parti	icipant signature	Date:	
Parent/ guardian signature		Date:	
	Please return this form to Adv	enture Ways	
	Clothing	-	
	 We will provide safety and protective equipment free of ch 	arge	
	 Please bring with you suitable clothing for the activities chosen: A swimsuit, rash vest or suitable clothing to wear in the way 	ater	
	 Light weight clothing – in poor weather a number of layers 		
	 if possible, a windproof/waterproof jacket and fleece Old trainers or similar pair of footwear covering the whole 	foot E a no flin flons Crocs	
	 A change of clothing (including dry shoes) and towel 	1001. E.g. no mp nops, 01005	
	 Sun cream and sun hat in hot weather Woolly bat (beanie) and doves for cold weather 		
	 Woolly hat (beanie) and gloves for cold weather It is always colder on the water than on the shore, so please 	se come prepared	
	 Adventure Ways is not responsible for any valuables you 		

No denim