

**Details of ADULTS who are participating or giving consent for under 18s.**

Full Name:		Date of Birth:	
Home Address			
Mobile Number			
Emergency Contact Name and number			
Email address			

**Medical Information**

Please tell us about any medical conditions/illnesses/allergies or disabilities that we may need to take into consideration to help us to make the participant's experience safe and positive (e.g. asthma, heart conditions, epilepsy, back problems).

**IMPORTANT CORONAVIRUS AND COVID-19 INFORMATION.**

As signee of this document, I confirm that I, and all members of the group I am responsible for, will abide by Branching Out Adventures' social-distancing and safety rules, with regards to reducing the spread of COVID-19. Please be aware that it remains the responsibility of every individual, as well as BOA staff, to follow Government guidelines and social-distancing rules. Any failure to do so could result in activities being cancelled without refund and being asked to leave the site. Rules are displayed upon booking and consent form completion.

**Risk Acceptance (anyone above the age of 18).**

If any participant in your group is under 18, please complete both sides of the page.

Branching Out Adventures Ltd accepts its responsibility to make its courses as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try.

Accidents can happen without any contributory negligence from the centre or its staff. The centre can accept no responsibility for loss or damage to personal property or for personal injury not arising as a result of its own act or default. I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury. I am fit for the course and will inform the centre, before my participation, of any special medical conditions that might affect my safety.

I also agree that Branching Out Adventures store the details provided by myself on their database and that I can be contacted by them for marketing information, unless I state otherwise.

Signature.....

Date.....



**Registration and Consent for Participants Under 18 years old.**

Please read through and complete any relevant information before anyone under the age of 18 in your care starts any activities at Branching Out Adventures:

Name of participant(s)	Date of birth	Emergency contact details

The courses at Branching Out Adventures Ltd include one or more adventurous activities. The centre's staff fully accept a duty of care to make those activities as safe as is reasonably practical. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to.

However, adventurous activities are inherently hazardous and cannot be completely risk free however hard we try. Accidents can happen without any contributory negligence from the centre or its staff.

The environment at the centre is such that we cannot "fence off" all hazardous areas. All participants must therefore help our staff to look after their safety by listening carefully to instructions and adhering to rules given by staff. Only give your consent if you are confident that they will behave responsibly in this way. The centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default. We reserve the right to stop participation of anyone who may demonstrate inappropriate or dangerous behaviour.

I understand and accept the above statements. The participating child in my care is fit for the course and I will inform the centre, before their participation, of any special medical conditions that might affect their safety.

Signature ..... Date .....

From time to time, we may take photographs of participants on the activities at BOA. Please tick this box if you do not consent to any photos we take, including images of the people named above, to be used in any advertising or promotional material.

**Section below only to be completed if not attending or remaining at branching out adventures.**  
**To be signed by parents/guardians who do not intend to be present at the course at BOA.**

I agree to any children named above receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to members of staff of the centre to consent to such treatment.

Signature ..... Date .....

Name of person/s under 18	Date of birth	Emergency contact details