

Participation Consent Form

Important: This form **must** be fully completed by all participants over 18 or by their parent / guardian if under 18 before undertaking activities conducted by Bach Ventures Ltd.

Full Name of participant:

Age:

Date of Birth:

Bach Ventures would like to remind you that participation in outdoor pursuits is fun but does involve an element of risk. That although at all times you will be under the guidance of qualified instructors participating in outdoor activities can be hazardous as all activities can be dangerous and accidents can occur.

I acknowledge this risk and wish to participate in chosen activity

Signature:

Date:

Medical Information about you / your child:

Disclosure of any medical condition will not necessarily preclude participation in activities.

a. Please state any relevant medical conditions / history that you have which may require medical treatment, including medication

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b. Please outline the type of pain relief medication you / your child may be given if necessary

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.....

c. Are you / your child allergic to any medication e.g. plasters, paracetamol etc.
(if YES, please specify):

YES/NO

Declaration

I agree to me / my child receiving medication as appropriate and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the relevant medical authorities.

Contact Telephone Numbers:

Parent / Guardian / Next of Kin:

Telephone No:

Address:

.....

Name of family doctor:

Telephone No:

Swimming Ability

Are you / is your child water confident in a pool / sea or open water?

YES/NO

(all participants will be required to wear appropriate safety equipment e.g. Buoyancy aid)

Photography

Do you give consent to have photographs taken by Bach Ventures which you may have and Bach Ventures may use for promotional use?

YES / NO