



## Adrenalin Jungle Consent Form

Name (Participant): Master/Miss \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

### Medical Information

Any specific medical conditions requiring treatment and or medications Yes/No

If yes give details \_\_\_\_\_

\_\_\_\_\_

Any Allergies Yes / No

If yes give details \_\_\_\_\_

I confirm that I have received the details for the activity that my child will be participating in from the party organiser and I give my consent for the above named person to participate. I acknowledge that the Adrenalin Jungle Ltd will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care.

I understand that my child will be expected to follow the safely rules and conduct. I understand that a serious or continued breach of this code will result in my child being prevented from continuing with their event (without refund) and that I may be required to collect them from site earlier than planned.

I recognise there are natural hazards in the wood, such as fallen trees, rabbit warrens.

I \_\_\_\_\_ being the parent /guardian of the named child give permission for the event organiser to give authority on my behalf for any medical/surgical treatment necessary when recommended by competent medical authorities / First Aider, where it would be contrary to my son / daughters interest for a delayed to be incurred by seeking my consent.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: \_\_\_\_\_

You should be contactable on this number during the event times;

Registered in England and Wales company no. 5721994

Registered office: 409 Mapperley Plains, Nottingham, NG3 5RU Tel: 01623 883831 Fax: 01623 883833

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