

Activity/Medical Consent

(To be completed by each participant, people under 16 years of age must have parent consent)

Please include any information with regard to your health that may require specific attention i.e. epilepsy, diabetes, asthma etc...

Have you suffered any injuries which may impact on your participation in the activity

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|--|-----|----|
| 1. Can you swim 50m (for water based activities only) | Yes | No |
| 2. I would like to take part in this activity having read the information provided and understood including the safety briefing given. | Yes | No |
| 3. I consent to receive emergency medical treatment if deemed necessary by the lead course instructor | Yes | No |
| 4. I am aware and accept the risks involved in adventure sports and that I am responsible for my own actions throughout the activity | Yes | No |
| 5. I am fit and well to participate in the activity/activities | Yes | No |
| 6. I have read and understand Active Connections term and conditions | Yes | No |

Signature _____ Date _____

Address _____

Telephone Number (Only to be used in case of emergency) _____

Parents/Carers _____

I consent for my or my child's picture photo to be taken and used by Active Connections Yes No