

CONSENT FORM

To be completed by someone with parental responsibility for all participants under 18 years old before the activity starts

Peak Pursuits Ltd
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Activities to include one or more of the following:

Abseiling, Bell Boating, Scrambling, Teambuilding, Rock Climbing, Snowboarding, Skiing, Canoeing, Kayaking, Mountain Biking, Fencing, Archery, Mountain Walking, Orienteering, Raft Building and any other activity which may be added which will be included in our insurance policy.

Name of Group:

Name of Participant:

Date of Birth:

Date of Activity: Time of Activity:

Does your son/daughter suffer from any conditions requiring medical treatment, including medication?	Yes / No
If Yes please provide sufficient details.	
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything that may become contagious in the last four weeks	Yes / No
If Yes please provide sufficient details.	
Does your son/daughter have any known allergies?	Yes / No
If Yes please provide sufficient details.	
Has your son/daughter received a tetanus injection in the last five years?	Yes / No
I agree to inform Peak Pursuits in writing as soon as possible of any change in the medical circumstances between the date signed and the start of the activity.	Yes / No
I agree with my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.	Yes / No
Does your son/daughter have any special dietary requirements?	Yes / No
If Yes please provide sufficient details.	



For water based activities can your son/daughter swim 50 metres?	Yes / No
I understand the detail regarding supervision.	Yes / No
I acknowledge the need for obedience and responsible behaviour on his/her part.	Yes / No
I understand that activities such as climbing, hill walking, mountaineering, mountain biking, canoeing and any other outdoor activities carry a risk of personal injury and fatality.	Yes / No
I understand extent and limits of the insurance cover provided. Certificates are available for viewing at the Peak Pursuits office.	Yes / No
I give my permission for any photographs taken of my son/daughter, whilst involved in the event/activity, to be used for Peak Pursuits display or publicity purposes and may also be used on the Peak Pursuits website.	Yes / No

I agree to my son/daughter participating in the activity as described in the accompanying information sheet and understand that there may be free time during which he/she will not be supervised. No insurance is offered for the loss or damage to property during the activity. I authorise the leader of the group to take emergency decisions on my behalf in relation to my child, including the giving of permission for medical treatment on the advice of the medical authorities present having taken the following medical information into account.

Name of Parent/Guardian:

My relationship to the child is:

My Home Address is:

I may be contacted by telephoning the following numbers:

Home: Mobile:
 Work:

If not available then please contact:

Name:

Address:
 Telephone:

Please provide Doctors details:

Name:

Address:
 Telephone:

Signed: _____ Date

