

CHALLENGE ACADEMY - PARENTAL CONSENT FORM TO BE READ AND SIGNED BY PARENTS/GUARDIANS OF PARTICIPANTS AGED 16 OR UNDER.

This form is for use by organisers who are assuming parental responsibilities for an activity such as a party where parents/guardians of other children are not present. It should be signed by parents/guardians in advance and presented to the CA Team on arrival.

Challenge Academy's Aerial Ropes Courses meet the highest safety standards and all instructors are highly trained. Your child will have a fulfilling, occasionally challenging, but always enjoyable time with us. Please read the following and sign your consent.

- I would like my child to participate in the 'Aerial Ropes Adventure' experience.
- I accept that my child will be given specific safety instructions and will be expected to follow them while undertaking any activities, particularly those which are not under direct supervision.
- I understand that the Aerial Ropes experience is a physical activity and that, as with all such activities, it carries a minimal risk of injury.
- In the unlikely event of an accident, or loss or damage to personal effects, I acknowledge that Challenge Academy will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with the activity, except in instances of personal injury directly caused by the Company's negligence, and I waive all claims against the Company in this respect.
- I agree to the party organiser sharing relevant medical information about my child with the instructors. This information will be treated confidentially. I have listed relevant information below.
- I accept that if the children are not compliant with the rules of the Centre, then they may not be able to take part.

Participating in adventurous activities will always have associated risks of personal injury. We make every effort to minimise this risk - our systems are extremely safe, regularly checked and our instructors are trained to a high standard. However, participants in these activities should be aware of the risks and be responsible for their own actions.

SPECIFIC NEEDS Does the person named below have any specific needs that we need to be aware of? If so use please list them below:

MEDICAL CONDITIONS An emergency first aider will be on duty - please list any medical conditions that you believe we should be aware of. Please include details of any medicines being taken, any allergies (penicillin, plasters etc) or other treatment necessary:

I am over 18 - I am the parent or guardian for the child listed on this form to participate.

By signing below you are agreeing to all of the terms within this document

Name:

Signature:

Name of Child:

Date:

We sometimes use photographs for marketing purposes. We never use names. Please tick this box if you do not want us to use images of the person named above.