

CHALLENGE ACADEMY - CONSENT FORM - 16 OR OVER

TO BE COMPLETED BY PERSON COMPLETING ACTIVITY

I agree that I will carry out the activity in accordance with the specific safety instruction given by Challenge Academy qualified staff. I will ask a member of staff if there is anything that I am unsure of.

I understand that the activity requires a moderate level of fitness and might be physically challenging. I accept that there is a risk of injury when undertaking such activities. I acknowledge that I am aware of the responsibility that I have for my personal safety when carrying out the activity. I understand that some of the activities will be undertaken without direct supervision, following the safety instruction.

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 confirm that I will make staff aware of any medical condition that might have an adverse affect on my ability to complete the task safely. I confirm that I will inform staff of any specific needs.

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 must always be responsible for their own actions.

MEDICAL CONDITIONS

An emergency First Aider will be on duty - it is your responsibility to inform of us any specific needs/medical conditions that you believe we should be aware of. Please include details of any medicines being taken, any allergies (penicillen, plasters etc) or other necessary information - this information will remain confidential.

By ticking this box and signing below you are agreeing to all of the terms within this document. Please ask if there is something that you are unsure about.

NAME

AGE

EMAIL

TEL

SIGNATURE

NOTES:

Use this space to list any specific needs etc. Information will remain confidential