

Consent Form			
Participants Details			
First name		Last name	
Age		Date of Birth	
All details below to be completed by all participants (or parents for U18s)			
Emergency Contact Name			
Mobile Number		Home tel	
Medical Matters			
<p>Please list any medical problems you feel we should know about. Include all details about Asthma, Diabetes, Disabilities, Allergies, Medication and Epilepsy if applicable.</p> <p><i>Having a medical condition will not necessarily preclude somebody from taking part in activities.</i></p>			
Consent			
<p>I understand that The Outdoor Education Company makes every effort possible to reduce the risk of involvement in activities to those expected in usual play activities. Whilst the chance of serious injury is unlikely, minor injuries such as bumps, bruises and minor fractures should be seen as realistic outcomes to participation.</p> <p>The British Mountaineering Council recognises that climbing is an activity with a potential for serious injury. Participants in these activities should be aware of and accept this risk and be responsible for their own actions and involvement.</p> <p>I am aware that participation in activities carries the risk of personal injury.</p> <p>I consent to any emergency medical treatment necessary during the course of the events</p>			
SIGNED (parent/guardian for U18s)			
Print Name			
If signing for an U18, will you be present when activities are taking place?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date			