

## Ropes Course consent form: OVER 16s

To be completed by the individual wishing to take part in activities prior to participation.

### Participant details

First Name:	<input type="text"/>	Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of Birth:	<input type="text"/>		<input type="text"/>
Home tel:	<input type="text"/>		<input type="text"/>
Mobile tel:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		
Emergency contact name:	<input type="text"/>	Emergency phone:	<input type="text"/>

### Medical information:

Do you suffer from any medical condition? Please list all conditions, allergies, recent injuries and medication required regardless of whether you believe they are relevant or not. (i.e. asthma, epilepsy, diabetes, heart problems, allergies, back problems (or spinal injury/weak spine), Pregnant, A heart complaint, Any other medical condition that may be exacerbated by the use of the Powerfan or ropes course activities. etc.) Answer 'NO' if they have no medical conditions. Required medication should be taken with the participant on the day of activity and instructors notified.

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### By signing this form you agree to the following statements:

You should notify centre staff if you feel uncomfortable or unwell whilst taking part in activities (i.e. pain, dizziness or other symptoms).

All participants are expected to participate and behave safely and in accordance with the rules and guidelines as well as abiding by the instructions provided by Transition Extreme employees.

- I have read the Participation Statements for the Ropes Course (Adventurous) activities and understand and accept that these activities are inherently dangerous. I accept that neither the operating company "Transition Extreme" nor its employees shall be liable for any loss or injury arising from the named junior's participation in any activities. Nothing within the terms of consent shall affect my statutory rights.
- I have read and understood the conditions of use and rules of the activity provision.
- I certify that to the best of my knowledge I do not suffer from any other medical condition other than that listed above.
- I declare that the named participant is not over the weight of 120kg or under the weight of 20kg
- I consent for me to receive First Aid treatment from a suitably trained member of staff.
- I consent for me to receive medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I understand that the activities provided by Transition Extreme are inherently dangerous and therefore contain an element of risk.
- I accept that whilst such risks are managed to level deemed acceptable to Transition Extreme; I myself accept this to be acceptable.
- I confirm that the above information is correct and if any information changes I will notify Transition Extreme immediately.
- I accept that I (the named participant) is to take part through their own choice and is under no obligation to participate in any activities provided by Transition Extreme.
- Transition Extreme reserves the right to refuse entry or participation to any individual or group at any time without explanation.

# TRANSITION EXTREME

>>> The Adrenaline Enterprise

## Transition Extreme Participation statement:

*“Adventurous activities involve an element of risk with a danger of personal injury or death. By completing a consent/participant form for activities provided by Transition Extreme you are aware of and accept these risks and will be responsible for your own actions and involvement. Transition Extreme will manage these risks but we can never completely remove them. You confirm that you are familiar with the nature of the activities you wish to undertake and acknowledge those risks that are inherent therein and that you may freely withdraw from any activity and there is no pressure to take part.”*

## Photography consent:

Any photographs or video capture taken on behalf of Transition Extreme will be done so by clearly identifiable Transition Extreme employees or approved associates. Photographic material taken on behalf of Transition Extreme will only be used for marketing purposes for Transition Extreme.

Please tick the box if you **object** to Transition Extreme employees or approved associates taking or using photographs/video images of the person named on this form.

## Declaration of fact and acceptance:

I hereby agree that I have read and understood all information relating to the activities and the associated risks that I (the named participant) will undertake. I declare consent for myself (named participant) to take part in Adventurous activities under the supervision of a Transition Extreme employee.

Name of individual giving consent ( named participant):

Date of consent:

Signature of consent: