

# DISCOVER ADVENTURE WITH US!

To book online visit:  
[www.parcbrynbach.co.uk](http://www.parcbrynbach.co.uk)  
or call 01495 355920



## CONSENT AND SAFETY & RISK DECLARATION FORM

Date / Time of Activity:

Type of Activity:

### PARTICIPANT INFORMATION

Surname:	
First name(s):	
D.O.B:	
Age:	
Telephone No:	
Day:	
Evening:	
Mobile:	
Email:	
Address:	
Post Code:	

### MEDICAL INFORMATION

Do you have a disability? YES / NO If yes please give details	
Do you have any medical conditions of which we should be aware? YES / NO If yes please give details	
Do you have any allergies? YES / NO If yes please give details	

Please detail any other information that may be relevant to your participation in this activity:

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**N.B** If you have any doubts or concerns about your ability to participate, you should consult your doctor or other medical practitioner. We do not advise that you participate in activities with Parc Bryn Bach if you are pregnant.

# CONSENT AND SAFETY & RISK DECLARATION FORM

## SAFETY & RISK DECLARATION

Please complete all sections:	YES / NO	Signed
1. I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst Parc Bryn Bach will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.		
2. I do not have any medical conditions or illnesses other than those disclosed on this medical consent form. Despite these conditions I am sufficiently fit ,able and competent to participate in the activities specified on booking.		
3. All children 6 years old or younger must be accompanied by an adult on the session (ratio 1 adult to 2 children, an adult is classed as 18yrs+).		
4. I have been able to read the relevant Terms and Conditions and agree with these.		

## EMERGENCY CONTACT DETAILS

Name:	
Address:	
Post Code:	
Telephone No: Day: Evening: Mobile:	
Relationship:	

**N.B** Please tick here if you do not want us to use your contact information/photographic images or film footage in the way set out in our Terms and Conditions.

YES ☐ NO ☐

**I am over the age of 18 and confirm that all the information supplied herein is correct.**

Name:	
Date:	
Signature:	

**A parent / guardian must sign below if the participant is under 18 years of age:**

I, the legal parent/guardian of ..... give my consent for my child to take part in the activities above. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

Name:	
Date:	
Signature:	