

Activities Consent Form

This form gathers important information which allows us to make your visit to Wiston Lodge safe and comfortable. You may be completing this form for yourself, or as a parent/guardian on behalf of a minor. Please complete all sections.

Participant's Name:	Address:
Date of Birth:	
Telephone Number:	Emergency Contact Number (if different):

Adventurous Activities: All adventurous activities contain an element of risk. Wiston Lodge endeavours to reduce the level of risk to the participant in the activities to a minimum. However not all risk can be eliminated and minor injuries such as cuts and bruises may occur due to the nature of outdoor activities.

Can the participant swim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Medical Information:

Does the participant suffer from any condition requiring medical treatment or medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please provide details:		
To the best of your knowledge has the participant suffered from or been in contact with any infectious or contagious diseases in the last four weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please provide details:		
Is the participant allergic to any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please provide details:		
Has the participant received a Tetanus injection in the last five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can the participant receive the following items? (If applicable to activities or situation)	Antihistamine Insect Repellent Sunscreen Face Paint	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Please describe any food allergies or special dietary requirements:		

Photography:

Can we use photographs in which the participant appears for promotional purposes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Your Name:	Signature:	Date:
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