



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. For legal/audit purposes this completed form will be kept in a secure location on site for a period of seven years after which they will be destroyed. The information shall not be shared with any third parties without the express permission of you, except for the emergency services in the event of an accident.

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?	If so how far (meters)	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"/>
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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"/>
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If YES please provide details:

Is the participant allergic to any medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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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"/>
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Can the participant receive the following items? (If applicable to activities or situation)	Antihistamine	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Insect Repellant	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Sunscreen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Face Paint	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please describe any food allergies or special dietary requirements:

Can we use photographs in which the participant appears for promotional purposes?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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I am willing for this information to be retained by Wiston Lodge and will contact in advance if not.	YES <input type="checkbox"/>
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Your Name:	Signature:	Date:
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