

PARENTAL CONSENT FORM for Age 8-17yrs. Arrampica Vertical Adventures

This is a form stating that you recognize and accept that there are inherent risks with taking part in sports that will include; Hill and Mountain Walking, Scrambling, Ghyll Scrambling, Climbing and Bouldering. Also where applicable for overnight accommodation at the venue and contact details stated below; and that you, the parent / guardian give consent for the minor stated below to take part in those activities.

DATE OF COURSE **NEEDS TO POPULATE WITH COURSE DATES** (Form valid for period of each payment or course/courses)

SPORTS VENUES: **NEEDS TO POPULATE WITH LOCATION OF COURSE .**

ACCOMMODATION VENUES: **NEEDS TO POPULATE WITH LOCATION OF ACCOMMODATION.**

PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

FULL NAME OF PARTICIPANT:

Participant Details:

DATE OF BIRTH:

TELEPHONE NUMBER/S:

ADDRESS OF PARTICIPANT:

POSTCODE:

NAME OF GP (if available):

PHONE NUMBER:

DETAILS OF ANY SPECIAL MEDICAL CONDITIONS OR ALLERGIES, FOOD INTOLLERENCES OR SPECIAL DIETARY NEEDS / PREFERENCES (i.e. LACTOSE INTOLLERENCE, VEGETARIAN ETC), INCLUDING CURRENT MEDICATION (and its location):

Parent / Guardian Details:

FULL NAME OF PARENT / GUARDIAN:

TELEPHONE NUMBER/S

ADDRESS OF PARENT/GUARDIAN (if different than above):

POSTCODE

FURTHER CONTACT DETAILS FOR PERSONS IN CASE WE CANNOT CONTACT MAIN PERSON: Name, relation and contact tel number please:

I HAVE READ THE ABOVE PARTICIPATION STATEMENT, RECOGNISE THAT THERE ARE INHERENT RISKS IN TAKING PART IN ADVENTUROUS ACTIVITIES, HAVE READ THE TERMS AND CONDITIONS OF ARRAMPICA VERTICAL ADVENTURES AND CONSENT TO MY CHILD PARTICIPATING UNDER SUPERVISION AND AT TIMES LIMITED OR NO SUPERVISION. I HAVE ENSURED THAT MY CHILD UNDERSTANDS THAT WHEN PARTICIPATING IN THE APPLICABLE ACTIVITY, ANY INSTRUCTIONS GIVEN BY STAFF MUST BE ADHERED TO. I UNDERTAKE TO INFORM STAFF OF ANY CHANGES IN MY CHILDS HEALTH OR NEEDS AND ANY MEDICAL TREATMENT RECEIVED.

Signed.....Name in Full.....Date.....

*IF THERE IS INSUFFICIENT SPACE IN THE ABOVE BOXES, PLEASE CONTINUE ON THE REVERSE OF THIS FORM.
 Return form completed in full to: Arrampica Vertical Adventures, Oakhill, Longwood, Endmoor, Cumbria, LA8 0ES, A
 MINIMUM 7 DAYS BEFORE THE DATE OF THE OUTDOOR ADVENTURE. Any query, please call the office on
 08450947923*