

# PARENTAL CONSENT/BOOKING FORM



FIRST NAME: .....

SURNAME: .....

ADDRESS:

POSTCODE: .....

TEL NO. ....

EMAIL: .....

VEHICLE REG: .....

## **EMERGENCY CONTACT DETAILS:**

NAME: .....

TEL NO. ....

COURSE REQUIRED: .....

DATE OF COURSE: .....

If you are intending to stay at the centre throughout your son/daughters session on the lake please complete Part 1 only. If not, then please also complete Part 2

### **PART 1**

Most courses at DWCC include one or more adventurous activities. The centre's staff have, and fully accept, a duty of care to make those activities as safe as is reasonably practical. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to. However, adventurous activities are inherently hazardous and cannot be completely risk free however hard we try. Accidents can happen without any contributory negligence from the centre or its staff. Moreover, the environment at the centre is such that we cannot "fence off" all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do. Only give your consent if you are confident that they will behave responsibly in this way. The centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default.

I understand and accept the above statements. My son or daughter is fit for the course and will inform the centre before the course of any special medical conditions that might affect my son's or daughter's safety.

Name of participant ..... Date .....

Parent's signature .....

### **PART 2**

Only complete this section if you are not intending to be present throughout your son or daughter's course.

Does your son or daughter have any medical or dietary needs that we should be aware of? .....

.....

I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to members of staff of the centre to consent to such treatment.

Signature ..... Date .....

And finally, how did you hear about us? .....

OFFICE USE:

PAYMENT RECEIVED:

PAYMENT METHOD: