



Parental Consent Form

For Birthday Parties at Brokerswood Country Park

Whose party is it?:

Date of Party:

IMPORTANT – PLEASE READ

In order to ensure the proposed activity is planned, agreed and safe for all, this form MUST be completed and returned as below:

- *If you are **under 18 years of age**, you will not be allowed to participate in this activity unless this form has been **signed by your parent/guardian**.*
- *If you are **18 years or over**, you may complete and sign the form yourself.*
- ***All participants** must sign the declaration at the end of this form.*

*It is unlikely you will be able to participate unless the form is **FULLY** completed and returned on **THE DAY OF THE ACTIVITY***

Name of Participant
Address

Postcode

Home Telephone

Date of Birth

Name of Parent/Guardian (if under 18)
Address (if different from above)

Postcode

Home Telephone

Emergency Telephone

Details of participant's food allergies or other special dietary needs.

Details of participants medicinal allergies, medical requirements or other special needs.

Any other details you wish to make the organisers aware of:

Statement of Risk

The Wiltshire Outdoor Learning Team places safety as a top priority. Adventurous Activities involve some risks for the people taking part, and this team aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – cuts and minor fractures) are a possible result of taking part in Adventurous Activities. The Wiltshire Outdoor Learning Team will minimise the actual dangers by:

- Carrying out a careful assessment of all risks before commencing the activity
- Only using experienced instructors with appropriate qualifications for the activity
- Give clear safety instructions to everyone participating
- Ensuring equipment and clothing is well-maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply and medical conditions or information
- Ensuring good hygiene standards are kept

We expect participants to co-operate with the Wiltshire Outdoor Learning Team, to ensure the safety of all participants, by following instructors and answering questions honestly about any medical conditions or other information relating to health and safety.

Images

I agree that my son / daughter / ward’s photograph may be used for publicity or marketing purposes.

Signed:

Date:..... /...../.....

Consent

I _____ (name of parent / guardian) agree to my son/ daughter / ward

_____ (name) taking part in the activity(s) outlines above. I understand that my son/daughter will take part at his / her own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge my son/daughter is competent and medically fit to participate in the activities as part of the group. I agree that medical treatment will be given if necessary and in case of emergency. I understand the information from this form may be stored digitally. I understand that a similar activity may be substituted due to safety factors or weather conditions

Signature of parent / guardian:_____ Date:_____

Want to know about more activities from the Wiltshire Outdoor Learning Team?

Please tick below if you would like to be kept informed of any of the following and add your email below:

Holiday time activities	[]	Zombie Apocalypse (adults only)	[]
Family survival camping	[]	Dads and lads camps	[]
Canoe / kayak courses	[]	Whittling courses	[]
Outdoor First Aid Courses	[]	Rock climbing	[]
Archery courses	[]	Birthday Parties	[]
Tree tops course	[]	Anything else?	

E-mail address:

PLEASE RETURN THIS FORM TO EITHER THE PERSON ORNGANISING THE PARTY OR THE WILTSHIRE OUTDOOR LEARNING TEAM LEADER ON THE DAY