



Event Date/ Ref:

Outdoor Activities Derbyshire

Consent Form

This form must be completed by the Parent/Guardian or participant if over 18.

Name: _____ Course Date: _____ D.O.B: _____

Address: _____

Email: _____

Medical Information:

Please Specify

Medical or Physical condition Yes / No _____

Any Allergies Yes / No _____

Any Medication Yes / No _____

Any other Medical details: _____

Emergency Contact Details:

Name: _____ Tel: _____

Doctors Name: _____ Tel: _____

Declaration:

I agree to myself/child receiving medical emergency treatment as considered necessary by the professional medical authorities.

I agree to myself/child taking part in an activity day on the understanding that I must take responsibility for my own capabilities (physical, mental and health issues) and will inform the Teamplay leader if I feel unable to continue. I acknowledge the need for responsible behaviour on my part and that the Teamplay leaders word is final on all matters of safety.

As part of our service we would like to take photographs for our business social media sites so you can log on to view your activity session. Do you give permission to use photos/videos YES/NO. I agree to Teamplay Outdoor Activities terms and conditions.

I confirm that myself/child has not had any of the recognised symptoms of Covid-19 in the last 14 days.

Signature _____ Print Name _____ Date _____

Teamplay does not insure participants against personal injury that is not caused by its own negligence or that of its employees or voluntary helpers. Teamplay also does not provide personal accident, cancellation or third party liability insurance. We recommend you take out the relevant insurance to cover the above. We also accept no responsibility for loss or damage to personal property.