

Activity(s)	Date:
Participant Information	
Full Name:	
Address	
Post Code	
Telephone	Daytime No: Mobile No:
Email	
Date Of Birth (Age):	

Risk Awareness Form

Outdoor Adventurous Activities



Activities & Restrictions			
Kayaking	7 + no more than 18.6 stone		
Canoeing	7 + & no more than 18.6 stone		
Raft Building	7 + & no more than 18.6 stone		
Stand Up Paddleboards	10 + & no more than 17.5 stone		
Archery	7 +		
Bushcraft	7 +		
Water Zorbing	6+ & no more than 15 stone		
Cobble Boats	6 +		
Medical, Consent & Photography Form		Yes	No
Do you have any medical condition or allergies? Please Give details			
Name & address of medical practice?			

I can swim 25 metres or more. (All participants will wear Buoyancy Aids when taking part in Paddle Sports experiences).		
I agree to let Willowgate Activity Centre photograph me for promotion purchases.		
I understand there is an element of risk when taking part in all outdoor activities and understand there is a chance of injury or death.		
I agree to wear all Personal Protective Equipment Provided (PPE)		
I am not under the influence of any Alcohol or Narcotics		
I am not pregnant to the best of my knowledge		
I acknowledge I am responsible for my own safety & those under my care		
I will undertake all activities under the guidelines of The Willowgate Activity Centre and understand my instructor has the right to ask me to leave the experience if I behave in a way that is unsafe to myself or others.		
I understand I have the right to refuse to take part in the activity at any point but must ensure that my instructor is aware of this.		

Emergency Contact	
Full Name:	
Address	
Post Code	
Telephone	Daytime No: Mobile No:
Relationship	
Date:	

If I have any questions I will ask a member of The Willowgate Activity Centre Team.

I declare that all information above is correct to the best of my knowledge and I accept there is an element of risk involved in all Outdoor Adventurous Activities.

Print:

Signature:

Date:

In the circumstance, I am signing for an under 18, I acknowledge I am the legal parent, guardian or have gained permission from their parent or guardian. In the case of incident or accident I agree to allow first aid to be taken out by a trained professional.

Print:

Signature:

Date: