

Risk Awareness Form

Outdoor Adventurous Activities



| | |
|---------------|-------|
| Activity(ies) | Date: |
|---------------|-------|

| Participant Information | |
|-------------------------|--|
| Full Name: | |
| Date of Birth (Age): | |
| Address | |
| Post Code | |
| Contact Number | |
| Email | |

| Emergency Contact | | |
|-------------------|-------------|------------|
| Full Name: | | |
| Telephone | Daytime No: | Mobile No: |
| Relationship | | |

| Medical, Consent & Photography Form | Yes | No |
|---|-----|----|
| <i>Do you have any medical condition or allergies? Please Give details</i> | | |
| <i>I can swim 25 metres or more. (All participants will wear Buoyancy Aids when taking part in Paddle Sports experiences).</i> | | |
| <i>I understand there is an element of risk when taking part in all outdoor activities and understand there is a chance of injury.</i> | | |
| <i>I agree to wear all Personal Protective Equipment Provided (PPE)</i> | | |
| <i>I will undertake all activities under the guidelines of 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> | | |
| <i>I am not under the influence of any Alcohol or Narcotics.</i> | | |
| <i>To the best of my knowledge I am not pregnant. (Tick yes if you are not pregnant)</i> | | |
| <i>I acknowledge I am responsible for my own safety & those around me.</i> | | |
| <i>I understand I have the right to refuse to take part in any part of the experience but must make the instructor aware if I choose not to participant any further.</i> | | |

| Photography & Marketing | Yes | No |
|---|-----|----|
| <i>I agree to let Willowgate Activity Centre photograph me for promotion purchases, these photos could be used on Facebook, Twitter, Instagram or The Activity Centre Website among other types of marketing.</i> | | |
| <i>I would like to be added to the Willowgate Activity Centre mailing list and receive more information on upcoming promotions and offers.</i> | | |
| <i>I would like to receive information on upcoming promotions and offers from Willowgate Partners. (Willowgate Café & River Tay Boat Trips)</i> | | |

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

I declare that all information given above is to the best of my knowledge correct & accurate.

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: