

OUTDOOR REVOLUTION

FOR ALL GROUPS AND INDIVIDUALS

Guardian/Individual Disclaimer and Consent Form

To be completed by the guardian and group leader and returned prior to the activities taking place.

Acknowledgement of Risk:

There will always be some risk involved in any type of type of adventurous activity and indeed the benefits of the activity can be nullified if these rules were removed. Outdoor Revolution offer a range of activities including high ropes, belayed courses, climbing and water sports, and the risk of the activity can be physically, mentally and emotionally demanding. We consider these risks to be low and reasonable. Our "Challenge by Choice" approach endeavours to ensure participation in any of the activities is always at the participant's discretion. The above declaration does not absolve Outdoor Revolution of its duty of care and other legal responsibilities. Personal accident and loss or damage of belongings is not insured. Participants are covered by the company's insurance in the highly unlikely event of negligence by one of its employees. For all activities, the relevant in house training, accredited body and/or National Governing Body qualifications are held by the instructors and in house and external monitoring is carried out on periodical basis.

Medical Disclaimer:

You must not participate in this activity; if the following apply to you, without first obtaining your doctor's written approval, which we will need to see before taking part.

- High or low blood pressure, heart disease or any other cardiovascular problems unless satisfactorily controlled by the appropriate medication.
- Breathing difficulties (including asthma) where it is not satisfactorily controlled by medication.
- Frequent episodes of feeling faint or spells of dizziness.
- Undiagnosed pains in your chest particularly associated with minimal effort.
- Back pain or limited movement in any joint.
- Currently pregnant or recently given birth.
- Taking medication, which may cause drowsiness.

I have read and understand the above statement and I declare that to the best of my knowledge, the below information is correct.

I have read and agree to the rules and guidelines for use of activities.

I give consent for any emergency treatment or administration or personal medication in the event of an accident.

I confirm that any medication that may be required by an individual will be available (by the appropriate individual) during the activity.

No.	Print Name	Age	Guardian/Individual Signature	Additional Info.	*Photo/Video Consent.
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*Ticking in the box headed Video Consent means that you consent to the taking of photos or video footage for future marketing.

Group:-	
Date:-	Time:-