



Full Name.....

Email Address.....

Address.....

.....

Postcode.....

Telephone.....

Childs Name

Age

Medical/ Health Concerns

Date Booked:

Full Week Monday Tuesday Wednesday Thursday Friday

3 Day Pass

Day Pass Please select the days you wish your son or daughter to attend

Siblings

Name: Contact number:

In the event of a serious injury, who should we contact on your behalf?

I understand that in consideration of participating in the course and that by signing this Consent Form, I am declaring the following:

1. That I am of sufficient physical fitness to participate in the course.
2. That I agree to abide by the safety policies as set out by Adventure Fitness Ltd.
3. That I recognise that the course has inherent risks, including injury and possible loss of life, and
4. That Adventure Fitness Ltd Instructors and assistants will not be liable to me now or at any time in the future for any loss, injury, expense, damage or claim that I might have against them for any damage to my property as a result of my participating in the course .
5. Adventure Fitness may take pictures for promotional purposes. Tick box to Opt out.

SIGNATURE: DATE: