



## EMERGENCY CONTACT & RISK ACCEPTANCE

<b>Name of Group</b>	
<b>Date of Visit</b>	

<b>Participants full name</b>	
<b>Address</b>	
<b>DOB</b>	

<b>Full name</b>	
<b>Relationship to participant</b>	
<b>Daytime Tel</b>	
<b>Evening Tel</b>	
<b>Mobile Tel</b>	

<b>Full name</b>	
<b>Relationship to participant</b>	
<b>Daytime Tel</b>	
<b>Evening Tel</b>	
<b>Mobile Tel</b>	

<b>Doctors Name</b>	
<b>Surgery Address</b>	
<b>Contact Tel</b>	

<b>Relevant Allergies</b>	
<b>Dietary Requirements</b>	

<b>Relevant health information (You must inform us of any relevant injury or medical condition that may be affected by participation in our activities)</b>



# EMERGENCY CONTACT & RISK ACCEPTANCE

## Risk acceptance

We will take all steps to ensure the health & safety of groups whilst at Auchengillan, by providing PPE and appropriate safety instructions. However certain inherent risks remain, which are integral to the activity and which cannot be eliminated completely. The risk of serious injury is extremely remote but some activities may result in minor injuries; e.g. grazes, fractures, sprains and bruises. The level of risk in participation in our activities is no greater than normal play activity. This serves to inform about what participants may experience. The centre will not be held liable if you fail to disclose relevant information or follow the safety advice and instruction given. By signing you consent to the following statements;

### Participants 18 plus

"I am fully aware of the risks involved and I agree to take responsibility for my own actions and safety by wearing the appropriate PPE and following the advice and instruction given. I am aware that participation may be prohibited if I fail to comply with the instructions given. I am fit and able to participate in all aspects of the visit, and shall conduct myself in a respectful manner. In the event of an emergency I give permission for any medical treatment deemed necessary to take place".

### Participants under 18

"I consent for the above named person participating in the visit stated on this form and I consent to him / her taking part in all activities. I have ensured his / her willingness to participate in all aspects of the visit and their suitability to do so. In the event of an emergency and Auchengillan/Party leaders being unable to contact me, I give permission for any medical treatment deemed necessary, to ensure the well-being of the above named, to take place".

**Consent and disclaimer** (A parent or guardian must sign on the participants behalf if under 18 years of age)

I understand and accept the risks involved. I declare that all medical & enrolment information on this form is true and I have not withheld any relevant information. Changes to emergency contact or medical information must be notified to us immediately.

Print name

Signature


# Photo/video consent

Auchengillan may use photography during events and activities for Auchengillan's business purposes such as staff training and marketing including use on our web sites and for other marketing material including and not limited to magazine editorials, on-line editorials, advertisement flyers, magazine advertisements, on-line advertisements and other advertisements or public relations mediums. By consenting you agree to allow Auchengillan to take photographs and video material for training and marketing purposes whether you are a parent representing your child, or a carer (including representatives of schools, and other groups) representing a child within your care, or for your own purposes. We ask for your permission to use images of yourself/your charges for the purposes outlined, indefinitely. Please tick the boxes below to consent. You may withdraw your consent at any time by contacting Auchengillan Outdoor Centre.

## **CONSENT (Please Circle)**

I consent to images of myself/my charge/s to be used on Auchengillan's social media platforms.

**YES**

**NO**

**I consent to images of myself/my charge/s to be used in marketing material for Auchengillan, including our website and advertisements.**

**YES**

**NO**

**I consent to Auchengillan utilising images of myself/my charge/s for staff and participant training.**

**YES**

**NO**

**Name of participant:**

**Name of group:**

**Parent/guardians name:**

**Parent/guardians signature**

**Date:**