

PEAK ACTIVITY SERVICES

PARTICIPANT CONSENT FORM



All participants must complete a consent form before taking part in any instructed session with Peak Activity Services Ltd. Where the participant is under 18 the form must be completed and signed by a Parent/Guardian.

It is important for the safety and wellbeing of the participant and group members that you provide details of ALL current and previous injuries or medical conditions.

All consent forms are valid for the duration of the programme. A new form should be completed for each programme the participant takes part in.

Any changes required to the information recorded on this form after its submission **MUST** be passed on to Peak Activity Services Ltd in writing, as soon as possible.

Terms of Instruction

It is important all participants and parents/guardians are aware of the following before taking part in an instructed session with Peak Activity Services Ltd. Where relevant please also refer to Peak Activity Services Ltd Booking Terms and Conditions.

Risk

- Adventures activities such as those undertaken with Peak Activity Services Ltd carry with them an inherent risk of personal injury or fatality. Where possible these risks have been assessed and appropriate control measures put in place to minimise them. This is supported by following guidance provided by National Governing Bodies, The Adventure Activity Licensing Authority and industry best practices.

Insurance

- Peak Activity Services Ltd covers all participants taking part in instructed sessions with appropriate insurance.
- Details of insurance cover and certificates are available to view at all Peak Activity Services Ltd centres.
- Peak Activity Services do not accept any liability for the loss or damage of any personal equipment at any time.

Supervision

- Levels of supervision will vary according to the needs of the group and programme. This supervision may include remote supervision where required by the activity or programme.
- Further details on the type and level of supervision can be discussed with the instructor team.
- In the event of an emergency a Peak Activity Services Ltd approved member of staff may make an emergency decision on the Participant/Parent/Guardians behalf, including permission for medical treatment in line with information held on the consent form.

Behavior

- Participants must be aware of the need for responsible behavior and to follow any advice or safety instruction.
- Peak Activity Services Ltd reserves the right to withdraw individuals or suspend/cancel programmes where it is felt participants pose a danger to themselves or others.

Physical Fitness

- Whilst every effort is made to make the activity inclusive and accessible to all, there may be occasions where participants, who are deemed to be unfit to participate in an activity or programme, may be withdrawn by the Instructor at any time in the run-up to, or during the program where it is felt participants pose a danger to themselves or others.

Other

- For participants operating under DofE Business programmes, information recorded on this form or information resulting from an injury or incident arising from the activity may be shared with the participant's employers.

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This form must be completed and signed by the parent or guardian if the participant is under 18 years old and by the participant if he/she is over 18 years, and returned to the programme organizer. All consent forms are valid for the duration of the programme. Any changes required to the information recorded on this form after its submission MUST be passed on to Peak Activity Services Ltd in writing, as soon as possible.

Please complete this form using block capital letters and deleting as appropriate. It is important for the safety and well being of yourself and others that you provide details of ALL current and past medical conditions.

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Participant's Name:				
Group / Company:		Team Name (if app):		
Date of Birth:	/		Gender:	
	/		Weight	Kg
Address:				
Postcode:		Contact number's:		
E-mail Address:				
Please provide details of any dietary requirements:				
Please provide details of any medical conditions, allergies, disabilities or special needs e.g. diabetes, asthma, pregnancy etc				
Is the participant currently undergoing any medical treatment or taking any medication? If so what:				
Does the participant have any existing long-term injuries that may affect their participation in physical activity or any part of their programme?				
Has the Participant come into contact with any Contagious Illness In the last 4 weeks? e.g. Chicken Pox, Impetigo etc. If yes, please provide details:				
<input type="checkbox"/> Is the participant's tetanus immunisation up to date?				
<input type="checkbox"/> You may take pictures which can be used for promotional purposes				
<input type="checkbox"/> Do not add my details (or Parental details for minors) to our database which may be used to send you promotional or marketing material				
Emergency Contact:		Relationship to participant:		
Address:				
Postcode:		Contact number's:		
2nd Emergency Contact:		Contact number's:		
I confirm the details above are a true and accurate reflection and I have read and understood Peak Activity Services Ltd Terms of Instruction.				
Signature: Date:				