

Lupine Adventure Informed Consent Form

I am in good health and consider myself fit and able to take part in this

.....(write activity here)

I recognise that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. As a participant in these activities I am aware of and accept these risks and I am responsible for my own actions.

Lupine Adventure Co-operative accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by negligence on the part of Lupine Adventure Co-operative or any member of its staff.

I understand that photographs may be taken by the instructor over the course of the event and I permit these photographs to be used in future advertising and promotion of the co-operative. While this permission can be withdrawn at any time in the event of printed matter having been produced a recall and shredding will not be offered but the photograph will not be used in future publicity. Please cross out this paragraph if you do not agree to this clause.

Are you over 18 years old **Yes / No.** (If you are under 18 we will require a parental consent form too.)

Do you suffer any medical conditions that we should be aware of? If yes please give details.

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Are you taking any medication that we should be made aware of? If yes please give details

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If you have answered yes to either of the above questions then please provide the name and phone number of your Doctor.

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Please provide details of a home contact for the duration of the activity. Will they need informing if we are late back Yes / No.

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Please provide your telephone number and e-mail address for our records.....

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Signed

Dated