

Bowles - Consent Form – Adult participants

Booking ref:

(open courses/ private lessons only)

Name:	Your address: E-mail address:
Date of Birth:	
Mobile Number:	
Course dates:	

	Primary Emergency Contact	Alternative contact
Name		
Relationship		
Contact numbers		

DIETARY and MEDICAL INFORMATION - Please complete

Please provide details of any dietary or medical conditions that we need to be aware of:

(please speak to us in confidence if you would prefer)

Photos: Bowles uses photos/video for publicity, educational purposes and to feed back to funders. Please tick the box to give us permission to take photos.

Declarations

- Bowles accepts its legal responsibility to make its courses as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try.
- Accidents can happen without any contributory negligence from the centre or its staff.
- Bowles can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own act or default.
- Payments may only be refunded in the case of illness substantiated by a medical certificate.
- Inability to reach the centre does not qualify for a refund.

I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury. I am fit for the course and will inform the centre before the course of any special medical conditions that might affect my safety.

Signature:	Date:
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Privacy Notice: This consent form will be kept securely and will be destroyed after 1 year, unless a participant has an accident or incident in which case the form will be destroyed after 3 years for adults and when they are 21 for children.

Contact details: 01892 665665 | www.bowles.rocks | Bowles is a registered charity no. 305968