

brendanpollitt@hotmail.com 07751 631066

Height Club Adventurous Activity Adult Consent Form

- Date of Rock Climbing Event Booked dd/mm/yyyy

- Participant Name

- Date of Birth dd/mm/yyyy

Age

 years

- Email

example@example.com

- Address

Street Address

Street Address Line 2

City

County

Post Code

- Emergency Contact Name

- Emergency Contact Number

- **MEDICAL INFORMATION**

Are there any medical conditions, medication, or other issues that your Instructor should be made aware of? This should include asthma, allergies or injuries, if yes please provide details:

I certify that the named participant does not suffer from a medical condition which might have the effect of making it more likely that they be involved in an accident which could result in injury to themselves or others. (Please discuss with staff if unsure).

I am happy for emergency medical treatment or medication to be administered to the named participant by 1st Aiders & qualified medical respondents in the event of an accident.

- Please Certify Medical Information (delete as appropriate): Yes/No

- Participant Signature OR Responsible Adult Signature



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- **DISCLAIMER**

Height Club/Brendan Pollitt will only deliver activities which fall within the remit of their qualification and will ensure that appropriate Public Liability Insurance is held for these activities at all times.

All climbers and signatories must understand and accept the British Mountaineering Council participation statement:

“The BMC recognises that climbing and mountaineering are activities with a DANGER OF PERSONAL INJURY OR DEATH. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement”

I recognise that climbing and mountaineering are dangerous activities which are undertaken at the participants own risk.

I accept that Height Club/Brendan Pollitt shall not be liable for any loss or injury arising from the named participants involvement in the activity.

I agree to follow instructions from staff at all times during the event.

I certify that the information given above is correct, and if any information changes I will notify you.

- Please Certify Disclaimer (delete as appropriate) Yes/No

- **PHOTO RELEASE**

Height Club/Brendan Pollitt has my permission to use photographs/images/video/sound of the participant named above for commercial purposes in print and online publications and social media. I understand that no royalty, fee or compensation shall become payable to me by reason of such use.

- Please Certify Photo Release (delete as appropriate) Yes/No

- **AGREEMENT STATEMENT**

I certify that the information given above is correct, and if any information changes I will notify you.

- Name

- Date dd/mm/yyyy

- Participant Signature OR Parent/Guardian Signature
