



# CONSENT FORM

Please complete all sections clearly in BLOCK CAPITALS. If any details change you must inform the school / group leader at once. All information will be treated confidentially.

School / Group:.....  
Name of Student:..... Male / Female *(delete as applicable)*

Give details of medical conditions or medications of which we should be aware:.....

Give details of any special dietary requirements:.....

Any other relevant information of which we should be aware, for example, sleepwalking, travel sickness, allergies, religious beliefs regarding diet or medical treatment:.....

Adventure activities are physical and demanding sports, which have inherent hazards associated with them. Whilst we take all necessary precautions to try and ensure the safety of all participants, unfortunately accidents can occur. I understand the necessity of my son/daughter/ward's good behaviour and compliance with the venture leaders at all times during this visit, to ensure their own safety and that of the rest of the group. I agree that my son/daughter/ward may take part in the expedition run by Youth Venture Project. I agree that medical and dental treatment may be given to my son/daughter/ward if necessary, including First Aid. I understand that photographs of participants undertaking adventure activities may be used for promotional purposes. Such photographs will focus on the activity not on a particular participant and participants will not be named.

Name of Parent/Guardian (block capitals please):.....

Address:.....

Telephone (Home):.....(Mobile):.....

Signature of Parent/Guardian..... Date:.....