



Individual Consent Form



To be completed by the Participant or, if they are under 18, their parent or legal guardian or, in the case of a vulnerable adult the person legally responsible for them.

This Consent Form must be completed and signed by the person identified below who intends to participate in any Activities, or, where that Participant is a Young Person, by their parent or legal guardian or where that Participant is a vulnerable adult the person legally responsible for that vulnerable adult. This form must then be returned to LOPC prior to commencing the relevant Activity.

By signing this Consent Form You confirm that You have read and understood Our Terms and Conditions relating to the provision of the Activities which you have booked. This Consent Form forms part Your Contract with Us. Please ensure You have read and understood both this Consent Form and the Terms and Conditions before signing this Consent Form. *Any personal information that you provide will be processed in accordance with GDPR guidelines.*

Please state the intended use of this form:

- | | | | |
|---|---|---------------------------------|---|
| <input type="checkbox"/> Group Booking | <input type="checkbox"/> Adventure Club | <input type="checkbox"/> Course | <input type="checkbox"/> Go Canoeing Tour |
| <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Event | <input type="checkbox"/> Climbing Club |

If course or event please specify:

Date:

Participant's Details:

Title: Mr / Mrs / Ms Other:	First Names:	Surname:
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Female / Male	Date of Birth: (DD/MM/YY)
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Address:

Postcode:

Mobile Number:	Daytime Tel no:	Evening Tel no:
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Email Address:

Emergency Contact Name:	Emergency Contact Tel No:
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Participant's Medical Information – Please fill in on the other side...

Has the Participant ever had or currently have any of the following?		
Heart problems of any kind?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
High blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Recurrent back problems or surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy, seizures, convulsions or medications to prevent them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma, wheezing when breathing or wheezing with exercise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arm or leg problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the Participant pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medically recognised disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they take either prescription/non-prescription drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any food allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any other disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any other medical conditions that We should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If You have answered yes to any of the above then please give further details:		
Any Participant with an asthmatic condition must have their inhaler available during the Activities at all times.		
Please provide any further details about the Participant that you think might be important that We should know about including <u>Special Educational Needs</u> , food allergies or disabilities:		
Doctor's surgery:		

We may take photos or video footage of the Participant for future marketing:

If this **IS** acceptable please tick this box:

If provided, Your email address may be added to Our mailing list to keep You in touch with events and promotions at LOPC: If this **IS** acceptable please tick this box:

The Activities which we provide carry an element of risk of injury or death. By signing this Consent Form, You accept that risk on behalf of You or the Participant.

For air rifle shooting activities, I confirm that I am happy for the Participant listed to participate and that they are not prohibited from air rifle shooting by section 21 of the Firearms Act 1968.

By signing this Consent Form You confirm and agree:

- that You are aged 18 or over and, if applicable, are the parent or legal guardian of any Young Person on behalf of whom You have signed this Consent Form or are the person legally responsible for the vulnerable adult on behalf of whom You have signed this Consent Form;
- that You have declared all the pre-existing medical conditions for the Participant listed on this Consent Form;
- that We can give emergency treatment or administer personal medication in the event of an accident or emergency;
- that We can use personal data in accordance with the Terms and Conditions; and
- that the information provided by You in this Consent Form is accurate.

Name of Adult completing Form:	
Date: (DD/MM/YY)	Signature: