**Emergency Contact Details – Individual – Adult**

**Dear Client,**

**Please take time to complete the Emergency Contact Details, Medical and Consent Form. Ensure that you have a copy for your own records, and forward a copy to Adventure Training North East. Forward to:** jon@atne.co.uk. **A completed form is a pre-requisite of commencing an activity. The form must be signed.**

**Many thanks. J. Chamberlain pp. Adventure Training North East**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Booking Date:** | **Arrival time:** |
| **Activity:** | **Venue:** | **Departure time:** |
|  |
| **DofB** | **Address** | **Mobile number** |
| **Emergency Contact Person** | **Emergency Contact Number 1** | **Emergency Contact Number 2** |
| **Medical Notes** | Height: | Weight: |
| Shoe size: | Age: |

Consent

Safety and acknowledgement of risk

We have more than 25 years of providing adventurous activities and consider our safety arrangements to be at the forefront of the adventure activity industry. The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care over participants’ safety. However, as in any adventure activity there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do any activity and if any participant has any concerns they should make their instructor aware of these. The level of risk associated with Adventure Training North East activities is normally low, and probably no greater than that experienced by active people in everyday lives.

I declare that all medical and enrolment information on this form is true and that I have not withheld any relevant information and I understand and accept the above safety and acknowledgement of risk statement:

‘I consent to any of the above named persons participating in the course and consent to them taking part in all activities. In the event of an emergency and Adventure Training North East being unable to contact parents / guardians I give permission for any medical treatment deemed necessary to maintain their well-being.’

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adventure Training North East will take photographs of the activities during the day. Our intention is to use the best of these for publicity purposes and in our marketing. If you **DO NOT** wish your ‘untagged’ image to be used, please sign below:-

I **DO NOT** want my picture to be used for publicity purposes by Adventure Training North East:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_