

Participant Consent Form:

All participants must complete a consent form before taking part in any instructed session with Peak Activity Services Ltd. Where the participant is under 18 the form must be completed and signed by a Parent/Guardian. It is important for the safety and wellbeing of the participant and group members that you provide details of ALL current and previous injuries or medical conditions. All consent forms are valid for the duration of the programme. A new form should be completed for each programme the participant takes part in. Any changes required to the information recorded on this form after its submission MUST be passed on to Peak Activity Services Ltd in writing, as soon as possible. Further information can be found on our website www.peakpursuits.co.uk including, Safeguarding policy and Privacy statement.

Terms of Instruction:

It is important all participants and Parents/ Guardians are aware of the following before taking part in an instructed session with Peak Activity Services Ltd. Where relevant please also refer to Peak Activity Services Ltd Booking Terms and Conditions.

Risk:

- Adventures activities such as those undertaken with Peak Activity Services Ltd carry with them an inherent risk of personal injury or fatality. Where possible these risks have been assessed and appropriate control measures put in place to minimise them. This is supported by following guidance provided by National Governing Bodies, The Adventuress Activity Licensing Authority and industry best practices.

Insurance:

- Peak Activity Services Ltd covers all participants taking part in instructed sessions with appropriate insurance.
- Details of insurance cover and certificates are available to view at all Peak Activity Services Ltd centres.
- Peak Activity Services do not accept any liability for the loss or damage of any personal equipment at any time.

Supervision:

- Levels of supervision will vary according to the needs of the group and programme. This supervision may include remote supervision where required by the activity or programme.
- Further details on the type and level of supervision can be discussed with the instructor team.
- In the event of an emergency a Peak Activity Services Ltd approved member of staff may make an emergency decision on the Participant/Parent/Guardian's behalf, including permission for medical treatment in line with information held on the consent form.

Behaviour:

- Participants must be aware of the need for responsible behaviour and to follow any advice or safety instruction.
- Peak Activity Services Ltd reserves the right to withdraw individuals or suspend/cancel programmes where it is felt participants pose a danger to themselves or others.

Physical Fitness:

- Whilst every effort is made to make the activity inclusive and accessible to all, there may be occasions where participants, who are deemed to be unfit to participate in an activity or programme, may be withdrawn by the Instructor at any time in the run-up to, or during the program where it is felt participants pose a danger to themselves or others.

Other:

- For participants operating under DofE Business programmes, information recorded on this form or information resulting from an injury or incident arising from the activity may be shared with the participant's employers.
- This information may be shared in hard copy or electronically with Peak Activity Services Ltd. Leaders, Clients / Schools where required and Medical Professionals in the case of an Emergency. A copy of the companies Data Protection / Privacy Statement can be provided upon request.

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This information will be kept strictly confidential.

Participants Full Name:			
Group/Booking Name:		Team Name: (if app)	
Date of Birth:		Gender:	Weight: DofE only
Address:			
Contact Number:			
Email Address:			

Yes	No	Occasionally we would like to contact you by email so that we can tell you about our latest news, special offers and competitions. We will never use, share or sell your personal data for business marketing purposes.
Yes	No	Peak Activity Services Ltd may take pictures and videos, to use for promotional purposes.

Emergency Contacts:

1st Name & Relationship:		Contact Number:	
2nd Name & Relationship:		Contact Number:	

Yes	No	Do you have any condition or injuries (current or past) that we should be aware of including pregnancy and Mental Health? e.g. diabetes, asthma, anxiety, back or leg injuries etc. Please provide detail below.
Yes	No	Are you currently undergoing any treatment or taking medication that we should be aware of?
Yes	No	Has the Participant come into contact, with any contagious illness in the last 4 weeks? e.g. Chicken Pox, Impetigo etc. If yes, please provide details below.
Yes	No	Does the participant have any dietary needs? Please provide detail below.

If 'Yes' to any of the above, please provide details of Medical Condition & Contagious Illness & Dietary Needs:

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Yes	No	I confirm that I agree for this information to be shared in hard copy or electronically with Peak Activity Services Ltd. Leaders, Clients/ Schools where required. Sensitive personal data collected is only for the use of Peak Activity Services Ltd and Client/ School staff, it will be released to other medical professionals in the event of an emergency.
Yes	No	I confirm the details above are a true and accurate reflection and I have read and understood Peak Activity Services Ltd. Terms of Instruction.

Name:		Relationship: (if under 18)	
Signature:		Date:	