



**Low Mill Outdoor Centre
Adult Consent Form**

School/Group Visiting	
Name of school/group	
Date(s)	
Participant Details	
Name	
Date of birth	
Address	
Contact telephone no.	
Emergency Contact Details	
Name	
Relationship to participant	
Address	
Telephone no. #1	
Telephone no. #2	
Medical Details	
Any medical conditions, recent illnesses, allergies, surgery, pregnancy or other information the instructor should be aware of	
Details of any medication	
Doctor's name	
Doctor's address	
Doctor's telephone no.	

Statement of Risk

Low Mill places safety as a top priority. Adventurous activities involve some risks for the people taking part, the Low Mill team aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – minor fractures) are a possible result of taking part in adventurous activities. Low Mill will minimize the actual dangers by:-

- Carrying out a careful assessment of all risks before commencing the activity
- Only using experienced Instructors with the appropriate qualifications for the activity
- Giving clear safety instructions to everyone participating
- Ensuring equipment and clothing is well-maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply any medical conditions or information
- Ensuring good hygiene standards are kept

To ensure the safety of all, we expect participants to co-operate by following instructions and answering questions honestly about any medical conditions or other information relating to health and safety.

Images

I agree that my photograph may be used for publicity or marketing purposes.

Signed _____ Date _____

Consent

I, _____, agree to taking part in the activity(ies) outlined above. I understand that I will take part at my own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge I am medically fit to participate in the activities as part of the group. I agree that medical treatment will be given if necessary and in case of emergency, I understand the information from this activity may be stored digitally. I agree that a similar activity may be substituted due to safety factors or weather conditions.

We will retain your data for a maximum of three years as per our GDPR policy. Your personal data will be treated as strictly confidential, and will not be shared with third parties.

A copy of Low Mill's Data Privacy Notice and your rights within is available at request or downloadable at: <http://www.lowmill.com/group-courses/downloads.html>

Signature

Date

We will retain your data for a maximum of one year unless required in support of an accident/incident report as per our GDPR Policy. Your personal data will be retained as confidential and will not be shared with third parties.