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| --- | --- | --- | --- | --- |
| PARTICIPANTS NAME: |  | | | |
| EMERGENCY CONTACT NAME & NUMBER: |  | | | |
| DATE: |  | ANY MEDICAL CONDITIONS | YES | NO |
| ACTIVITY: | WATERSPORTS\* / TREETOP EXTREME\* / WAKEBOARDING\*/LAND BASED\* | | | |

\*Delete as appropriate

**DECLARATION**

1. I declare that to the best of my knowledge I, or those I am consenting for, will declare to the instructor of any medical conditions that I have, that may affect me whilst participating.
2. I declare that I or those I am consenting for am/are not under the influence of any drugs or alcohol (including prescribed medicines).
3. I understand that the activities are of a challenging nature and are physically testing. I understand and accept there is the risk of minor injury when undertaking such activities.
4. I understand that tampering with any safety equipment, failure to follow instructions given by members of staff or ignoring warning signs around the site could result in injury.
5. I understand the maximum weight for an individual undertaking the activities at Treetop Extreme is 120Kg (19 Stone) and the minimum height for the Explorer (junior course) is 1.1m, minimum height for the Adventure and Extreme courses is 1.4m.
6. I understand that I, or those I am consenting for, must be able to swim at least 50m if undertaking activities at Wake.
7. I declare that I am the parent/guardian/carer (for those under 16), or that I have the full authority from the participants parent/guardian/carer to consent for those listed above to undertake activities at Willen Lake.
8. I declare that I am the parent/guardian/carer (for those under 16), or that I have the full authority from the participants parent/guardian/carer to consent for those listed above to undertake activities at Willen Lake.

I understand the information above and (I/my child/my dependant) can participate in the adventurous activities held at Willen Lake Watersports, Treetop Extreme and/or Wakeboarding.

I understand that the staff shall take all reasonable precautions for the safety of all participants and understanding the elements of risk, whilst controlled, do exist in outdoor adventurous activities.

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| --- | --- | --- | --- |
| FULL NAME: |  | DATE: |  |
| SIGNATURE:  (Under 16s to be signed for by parent/guardian/carer) |  | | |

**Please turn over for medical conditions**

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**MEDICAL CONDITIONS**

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| Please list any medical conditions or learning difficulties here and make your instructor/member of staff aware\* |