

Booking name:

Date:

Time:



RISK ACKNOWLEDGEMENT & CONSENT FORM

THIS IS AN IMPORTANT DOCUMENT: YOU MUST READ IT BEFORE SIGNING

1. Great Leaps Adventure 'Activities' are 'Adventurous' in nature. I/We are aware of the possible dangers and risks (Collectively) associated with 'Adventurous Activities' and, I/We accepts that the injuries resulting from these 'Risks' have been explained. However, as with any physical activity, there remains a degree of risk and, I/We accept the 'Activities' can be physically, mentally and emotionally demanding.
2. All participants must be a minimum height of one (1) metre.
3. All groups require a minimum of one adult per group of eight.
4. In order to control behaviour, 'Group supervisors' must remain in visual contact with the people in their care for the duration of the activities.
5. I/We have carefully considered all of the risks involved in undertaking the activities, including the risk of injury caused by or during participation in any of the activities, except where the loss, damage or injury was caused directly by Great Leaps Adventures negligence.
6. I certify that I and any people I am signing for, do not have any medical condition (Including pregnancy) which might make it more likely that I/he/she/they be involved in an accident which could result in injury to myself/him/her/themselves or others. If in doubt, please check with the persons parent of guardian or your GP.
7. I confirm that if I am not the parent/legal guardian of the person/people identified below, I have the authority from the parent of guardian to sign this consent form.
8. I confirm that I am not under the adverse influence of drink or drugs.

I have explained to the people listed, the importance of listening to the instructors and following the rules and procedures set by Great Leaps Adventure. I have also made it clear to the people participating that they should not start the activities unless they understand all instructions given.

I confirm we have read the Risk Assessments provided https://www.greatleaps.co.uk/spage-about_us-risk_assessments.html.

No.	Print name	Age	Signature of adult/supervisor	Staff use
1				
2				
3				
4				
5				
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7				
8				
9				
10				
11				
12				
13				
14				
15				

CHECKED BY:

Date: