

family consent form

parent or guardian to complete



family's details:

adult's name	date of birth
adult's name	date of birth
child's name	date of birth
child's name	date of birth
course/activity	date/s

family address

	postcode
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home tel. number	mobile
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email address

details of any special medical conditions, allergies and any current medication

name of GP

GP's tel. number

climbing participation statement: "The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

I HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION STATEMENT AND AGREE TO THE TERMS AND CONDITIONS OF USE AND RULES OF WILD ROCK AND CONSENT TO THE ABOVE NAMED CHILD OR CHILDREN CLIMBING AND/OR BOULDERING SUPERVISED AT THE WILD ROCK FAR PEAK VENUE. I HAVE ENSURED THAT MY CHILD OR CHILDREN UNDERSTANDS THAT WHEN PARTICIPATING IN THE APPLICABLE SPORT, ANY INSTRUCTIONS GIVEN BY WILD ROCK STAFF MUST BE ADHERED TO AT ALL TIMES. I UNDERTAKE TO INFORM STAFF OF ANY CHANGES IN THE CHILDS' HEALTH AND ANY MEDICAL TREATMENT RECEIVED.

I HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION STATEMENT AND AGREE TO THE TERMS AND CONDITIONS OF USE AND RULES OF WILD ROCK AND AGREE TO BE SUPERVISED BY A WILD ROCK INSTRUCTOR OR STAFF MEMBER. I AM OVER 17 YEARS OF AGE.

signed by parent/guardian	date
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signed by parent/guardian	date
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Wild Rock will never sell or pass on any personal information to third-party companies or organisations.