

# Acknowledgement of Risk

This is an important document: You must read it before signing. Sport Wales requires parental or guardian consent before children under the age of 18 take part in activities at Plas Menai. If you are happy for the participants named below, to take part in these activities and/or take part yourself please complete and sign this form.

The named participants wish to participate in the Activity/Activities organised by Sport Wales at Plas Menai noted below:

<b>Activity/Activities participating in:</b>
<b>Date of course:</b>

1. I acknowledge that this Acknowledgement of Risk and Conditions of Participation applies to all activities the named participants are taking part in at Plas Menai.
2. I confirm that I am over 18 years old.
3. Where the named participants are under the age of 18 I consent to them participating and am signing this form on their behalf. I acknowledge that the named participants will be involved in adventurous or strenuous activity and accept that there are risks in doing so. I will ensure that the named participants comply with the conditions of participation detailed in this form and in the Plas Menai Booking terms and conditions which are incorporated into this form and can be found at [www.plasmenai.co.uk/terms](http://www.plasmenai.co.uk/terms). I confirm the named participants are at least the minimum age specified on the Plas Menai website for the activities they will be taking part in and that the proposed activities are within their abilities.
4. I agree that that the named participants will undertake the activity/activities in accordance with the specific oral and written instructions and advice given before and/or during the activity/activities, failure to do so may result in serious injury or death. I acknowledge clause 11 of Sport Wales' booking terms and conditions relating to unruly behaviour. These are available at [www.plasmenai.co.uk/terms](http://www.plasmenai.co.uk/terms)
5. I confirm that to the best of my knowledge no named participant has an undisclosed medical condition which is likely to increase the chance of being involved in an incident, resulting in injury to themselves or others. I acknowledge that Sport Wales reserves the right to refuse to allow participation in certain activities if a declared medical or other condition is considered detrimental to the safety or smooth running of those activities.
6. I understand and accept that the nature of the activities may result in damage to clothing.
7. Participants are expected to be responsible for their own belongings. In the event of an accident, or loss, or damage to personal effects, I acknowledge that Sport Wales will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activity/Activities (except for death or personal injury caused by the negligence of Sport Wales) and on behalf of all named participants waive all and any claims against Sport Wales in this respect.
8. During the visit photographs and video clips may be taken by or on behalf of Sport Wales and may appear in marketing materials or on social media. If the named participants DO NOT wish to be photographed or filmed for this purpose, please tick this box

If medical and dietary information has not changed since your booking was made PLEASE TICK HERE

MEDICAL CONDITIONS:	Dietry
Participating adult:	
Participating child 1:	
Participating child 2:	

EMERGENCY CONTACT NAME:	RELATIONSHIP:	EMERGENCY CONTACT NUMBER:
Participating adult:		
Participating child 1:		
Participating child 2:		
<b>FIRST AID AND EMERGENCY MEDICAL TREATMENT</b>	Please sign and date this form if you are happy to receive or authorise any named participant to receive first aid or emergency medical treatment while taking part in activities at Plas Menai	

### Consent – Activity Participant 18yrs+

1. Please sign and date this form if you agree and wish to take part in the activities at Plas Menai on the terms of this form:

NAME:	SIGNATURE:	DATE:	CAR REGISTRATION:

### Consent – Activity Participant under 18 years old

1. I declare that if I am not the parent or guardian of the child(ren) noted below, I have authority from the child(ren)'s parent or guardian to sign this consent form on their behalf.

PARTICIPATING CHILD(REN)'S NAME:	AGE	PARTICIPATING CHILD(REN)'S NAME:	AGE:
1.		2.	
<b>CONSENTING ADULT NAME:</b>		<b>SIGNATURE:</b>	<b>DATE:</b>