

Parental Consent Form

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 your child/person under the age of 18 years in your care to take part in these activities please complete and sign this form and return it to:

..... (TRIP ORGANISER)

By: (DATE)

SCHOOL/ORGANISATION NAME:	
ARRIVAL DATE:	DEPARTURE DATE:

Participant Details

NAME:	DOB:	AGE:	MALE/FEMALE
The named participant does not suffer from any medical conditions or allergies nor has any disabilities PLEASE TICK HERE <input type="checkbox"/> if they have any of these please add details below			
MEDICAL CONDITIONS:	ALLERGIES:	DISABILITIES:	ACCESS REQUIREMENTS:

OR none of the participants suffers from any medical conditions or allergies nor has any disabilities
PLEASE TICK HERE

Emergency contact details

EMERGENCY CONTACT NAME:	RELATIONSHIP	EMERGENCY CONTACT NUMBER:
OTHER EMERGENCY CONTACT NAME:	RELATIONSHIP	EMERGENCY CONTACT NUMBER:
FIRST AID AND EMERGENCY MEDICAL TREATMENT	Please sign and date this form if you are happy for your child/named participant to receive first aid or emergency medical treatment while taking part in activities at Plas Menai.	



Consent

Acknowledgement of Risk

1. I acknowledge that this Acknowledgement of Risk and Conditions of Participation applies to all activities the named participant above is taking part in at Plas Menai.
2. I declare that I am over 18 years old.
3. I consent to allow the named participant to participate. I acknowledge that they will be involved in adventurous or strenuous activity and accept that there are risks in doing so. I will ensure they 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 I confirm they are at least the minimum age of 8 and that the proposed activities are within his/her abilities.
4. I agree that that the named participant will undertake the activity/activities in accordance with the specific oral and written instructions and advice given to them 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
5. I declare that to the best of my knowledge the named participant does not have a medical condition which is likely to increase the chance of being involved in an incident, resulting in injury to themselves or others. I shall make Sport Wales aware of any injury or illness that occurs between the date on this form and the date of the proposed trip. I acknowledge that Sport Wales reserves the right to refuse to allow the named participant to take part 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 involving the named participant, or loss, or damage to his/her 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 I will waive all and any claims against Sport Wales in this respect.

I wish the above named participant to be allowed to take part in the activities at Plas Menai and consent to him/her doing so. The signing of this form, signifies the named participant will comply with all safety and other regulations notified to them.

During the visit photographs and video clips of customers may be taken by or on behalf of the Centre and may appear in marketing materials or on social media. If you **DO NOT** wish your child/named participant to be photographed or filmed for this purpose, please tick this box.

Please sign and date this form if you agree with the above.

PARENT/GUARDIAN NAME:	SIGNATURE:	DATE: