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[www.cobnor.com](http://www.cobnor.com)  
 Centre Manager: Mark Murray-Brown BA Ed Hons.

**CONSENT FORM (18 & Over)**

I.....

Want to take part in adventurous outdoor activities at, and away from the centre

From (Date/Time) ..... To (Date/Time) .....

Course Code.....Course Title.....

And, having read the Booking Terms & Conditions and Course Programme (If applicable), agree to take part in these activities described. I understand that it is important for my safety and for the group that any rules and any instructions given by the staff in charge are obeyed.

**I understand that:**

- A. I should be water confident to partake in water based activities.
- B. While the Centre staff and helpers in charge of the party will take all reasonable care of people in their charge, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered to myself arising during or out of the activity.

**Please delete and complete the following as appropriate:**

I have no illness, allergy or physical disability

The following illness, physical or mental impairment disability (please detail below)

Which necessitates the following medical treatment .....

I consent to any emergency medical treatment necessary during the course of my visit.

**SIGNED**.....**DATE**...../...../.....

My Details Date of Birth...../...../.....	Next of Kin/Emergency Contact Details:
Status..... Ethnicity .....	Name.....
Address.....	Address.....
Post Code.....	Post Code.....
Home Telephone No.....	Home Telephone No.....
Mobile No.....	Mobile No.....
Email Address: .....	Relation to Participant.....

**PLEASE COMPLETE THE OTHER SIDE**

**MEDICAL QUESTIONNAIRE**

Name and Address of Family Doctor.....

Telephone number.....

Have you had any of the following?

Asthma or bronchitis	YES	NO
Heart Condition	YES	NO
Fit, Fainting or Blackouts	YES	NO
Severe Headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs	YES	NO
Any other allergies i.e. insect bites etc	YES	NO
Other illness or disabilities	YES	NO
Any recent contact with contagious diseases and infections	YES	NO

If the answer to any of these questions is **YES** please give details on a separate sheet of paper, which should be firmly attached to this form.

<b>IMMUNISATION STATUS</b>	YES	NO
Have you received vaccination against Tetanus in the last 10 years		
Are you receiving medical treatment of any kind from either your Family Doctor or Hospital?	YES	NO
Have you been given specific medical advice to follow in Emergencies?	YES	NO

If the answer is **YES** to either of these questions please give details below. (Including dosage of medication)

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For residential trips, please state any special dietary requirements.

**PRINTED NAME:** .....

**SIGNED** ..... **DATE**...../...../.....

**Please note photographs may be taken during these sessions and used for publicity. If you have any objections please inform the Centre Manager in writing.**

Updated January 2010

**PLEASE COMPLETE THE OTHER SIDE**