

School/Group:



COBNOR POINT, CHIDHAM, CHICHESTER, WEST SUSSEX, PO18 8TE.
Tel: 01243 572791 Email: sail@cobnor.com
www.cobnor.com
Centre Manager: Gary Palmer.

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...../...../.....

Table with 2 columns: My Details and Next of Kin/Emergency Contact Details. Includes fields for Date of Birth, Status, Ethnicity, Address, Post Code, Home Telephone No, Mobile No, Email Address, Name, Address, Post Code, Home Telephone No, Mobile No, and Relation to Participant.

MEDICAL QUESTIONNAIRE

Name and Address of Family Doctor.....

Telephone number.....

Have you had any of the following?

Table with 3 columns: Condition (Asthma or bronchitis, Heart Condition, etc.), 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.

Table with 3 columns: IMMUNISATION STATUS (Have you received vaccination against Tetanus, etc.), 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.

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PRINTED NAME:

SIGNEDDATE...../...../.....

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