

Critical Mass Consent Form

17th – 19th 2010

One or more of the following activities may be available during the weekend

THE PEAK CENTRE CLIMBING WALL

The Wall is a maximum of 7m high. Students will be top roped when climbing more than 1.5m above the floor. 2" thick crash mats are in use.

The Instructor in charge will either hold the British Mountaineering Council's Single Pitch Supervisors Award or be specially trained by the Peak Centre.

WALKING

Walking groups will be supervised by an instructor holding a qualification appropriate to the walk.

Walking in lowland areas will be supervised by Instructors who hold a BMC Mountain Leader Training Board award or are experienced in leading groups and who hold a valid first aid certificate.

ARCHERY

Archery sessions are conducted by Grand National Archery Society qualified coaches and the strictest possible safety standards are applied.

A full Outdoor Activities policy and Health & Safety policy can be downloaded from The Peak Centre web site.

Consent Form

Name(s) of those attending: Date of birth:M/F
..... Date of birth:M/F
..... Date of birth:M/F
..... Date of birth:M/F

I CONFIRM that I have read the description of the activities to be undertaken at the Peak Centre and consent to my child(ren)'s participation in The Next Step and in all the activities below except the ones I have deleted:

Climbing Wall / Walking / Archery

MEDICAL

In emergency I consent to any medical treatment recommended by a qualified medical practitioner (this could include inoculations, blood transfusions, surgery or the use of anaesthetics.)

I have written below full details of any illness or medical condition that may affect my child(ren)'s stay at The Peak Centre and participation in activities including details of any medication or special diet:

.....
.....
.....

Family doctor's name and address and telephone no:

.....

National Health number/s

Own address or Parent/guardian's name, address and home/work phone nos:

.....

Next of kin or contact in the absence of parent/guardian: (name, address and home/work telephone nos):

.....

CONTACT DETAILS

We normally circulate contact details in advance to enable parents to share lifts. If you do not want your child's details circulated, please check the box

PHOTOGRAPHS AND VIDEO

I am willing for photos/videos featuring me/my child to be:- (Young people will always be able to opt out of a photo at any time)

a) available to other participants and staff of The Next Step via a password protected page on the Peak Centre web site YES/NO

b) used on the Centre's web site for promotional purposes YES/NO

c) used by The Peak Centre for other promotional purposes YES/NO

I am willing for my/my child's contact details to be shared amongst those at-tending in order to facilitate the sharing of transport

Would you like us to help you find a family to share transport with? YES/NO

INSURANCE

I understand that the Peak Centre and its instructors are covered in the event of accident or loss caused by their negligence BUT that the Peak Centre does NOT provide insurance to cover accidental loss, injury or damage to participants not caused by it or its instructors' negligence.

Date Signed.....Parent/Guardian