



# THE BARN CLIMBING CENTRE

## PARENTAL CONSENT FORM

The information in this form will be treated as confidential.

This information must be completed by the parent/ guardian of any person under the age of 18.

Indoor climbing is a physical and demanding sport, which obviously has inherent hazards associated with it. Whilst The Barn Climbing Limited take all necessary precautions to try and ensure the safety of all participants, unfortunately accidents will occur in consequence. Each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with The Barn Climbing Limited risk management guidelines.

The management accepts no responsibility whatsoever for any loss or injury resulting from any persons involvement in indoor climbing. Furthermore, it is understood and agreed that individuals participate at their own risk.

### Personal Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M/ F: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Parent/ Guardian Details

Full Name: \_\_\_\_\_ Contact no. \_\_\_\_\_

### Emergency Contact Details

Full Name: \_\_\_\_\_ Mob no. \_\_\_\_\_ Home no. \_\_\_\_\_

### Medical

Please give full details of any illness or medial conditions that may affect participation in activities at The Barn. Please include any medication any special dietary requirement. Any changes after completion of this form, notify a member of the Barn staff.

Doctors Name: \_\_\_\_\_ Contact no. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I agree for ( **my son/ my daughter** ) \_\_\_\_\_(name) receiving emergency medical treatment, including anaesthetic considered necessary by medical authorities. **(delete as applicable)**

I have read and agree to all the above for (my son/ my daughter) to participate in adventurous activities at The Barn Climbing Centre. I understand that although these activities are potentially hazardous, an instructor who holds the relevant experience, awards or qualifications will lead these activities and will maintain a high level of safety. **(delete as applicable)**

Signature of Parent/ Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

During these activities, photos are sometimes taken for publicity purposes, for e.g. Web sites, posters, leaflets. If you have no objection to photographs being used in this way of (my son/ my daughter) please sign below.

Signature of Parent/ Guardian \_\_\_\_\_

Print Name: \_\_\_\_\_