**Spirited Adventure Ltd. Emergency Details & Consent Form.**

Full name Parent:……………………………………………..…………………………………….................................

Child/children………………………………………………………………………………………………………………………..…

………………………………………………………………………………………………………………………………………………..

Address: …………………………………………..………………………………………………..............................………

…………….……………………………………………..….. Postcode: …………………….……..…

Telephone number: ………………………………….Email………………………………………………………………….

Date of Birth……………………………………………..Vehicle Registration Number ………………...............

Dates and name of Activity ………..…………………………………………………………………………………………

**I UNDERSTAND THAT**

The course can be physically and mentally demanding and may require excessive exertion and

that I will not bring any alcohol or non-prescription or over the counter drugs. The possibility of personal injury to me and others exists. The course may expose me to hazards (air rifles shooting, knives, saws, cold and/or heat etc).

**I CONFIRM AND AGREE**

I am aware of the risks to myself and others whilst attending a Spirited Adventure course and

agree to abide by the rules at all times. I am physically fit and mentally able to partake in the

course. If I feel unwell to continue I shall alert a member of staff immediately. I agree to comply with the rules as given to me by Spirited Adventure staff, to use all equipment as instructed and to obey all directions given by Spirited Adventure staff.

**MEDICAL QUESTIONS**

Do you suffer from the following?

Please tick YES NO YES NO

Asthma ◻ ◻ Heart trouble ◻ ◻

Epilepsy ◻ ◻ Anaphylactic shock ◻ ◻

Diabetes ◻ ◻ Dermatitis ◻ ◻

Haemophilia ◻ ◻ Hay fever ◻ ◻

Arthritis ◻ ◻ Migraine ◻ ◻

Allergies ◻ ◻ Dietary Restrictions ◻ ◻

(Please specify)……………………………................. (Please specify)………………………………………

……………………………………………………………………. ………………………………………………………………

……………………………………………………………………. ………………………………………………………………

Do you have a history of any other illness or learning difficulty not mentioned above? If so, please state illness below:

Are you under any medication at the moment? If so please state current medication. Please give details:

**EMERGENCY CONTACT (PLEASE PRINT CLEARLY IN CAPITALS)**

Full name: ………………………………………........Relationship:………………………………………........

Address: ……………………………………………………………………………………………….......................

Telephone Number: ……………………………………………………………………………………................