

Birthday Party Corporate Casual Hire School/Youth Group BCSG



Group Personal Information Form

Group Name:	Date of Session:
Booking Name:	Contact Number:
Email:	

Are all participants confident in deep water, wearing personal buoyancy? Yes No
 (if you answer 'No', details must be provided overleaf, prior to commencement of the session)

I, as the person responsible for the booking, understand it is my responsibility to inform the Centre in writing, of any participants with any medical condition or injury prior to commencement of the session. Any such details will be provided overleaf, prior to commencement of the session. I will ensure a comprehensive list of these participants' emergency contact details accompany the group to the Centre.

Horseshoe Lake Activity Centre accepts its responsibility to make its activities as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try.

The activities offered involve the danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions.

Accidents can happen without any contributory negligence from the centre or its staff. The centre can accept no responsibility for loss or damage to personal property or for personal injury not arising as a result of its own act or default.

On occasion, photographs are taken of people participating in the centre's activities for promotional purposes. If you do not wish photographs of you, your child or anyone in your party to be used, please tick this box.

By signing this form you agree with the storage and handling of your whole group's data by this company as laid out in our Privacy Policy available on our website (www.horseshoelake.co.uk) or in the office.

I understand and accept the above statements and accept that the group have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury. All persons are fit for the activity and will inform the centre before the activity of any special medical conditions that might affect their safety.

Name:	
Signature:	Date:



Name Of Participant	Emergency Contact Number	Medical Condition / Injury / Other Considerations
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
18)		