

Course Club Multi-Activity



Name of participant:		Date of Birth:
Address:		Postcode:
Email:		
Contact Number:		
Emergency Contact Name & Number:		
Please state any relevant medical conditions for our activities:		
Is the participant confident in deep water, wearing personal buoyancy? (Please circle)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>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.</p> <p>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.</p> <p>I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury. I am fit for the activity and will inform the centre before participating in the activity of any special medical conditions that might affect my safety.</p> <p>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. <input type="checkbox"/></p> <p>By signing this form you agree with the storage and handling of your data by this company as laid out in our Privacy Policy available on our website (www.horseshoelake.co.uk) or in the office.</p>		
Name:		
Signed:		Date:

