

Participation Conditions and Consent Form

Outdoor and adventurous activities, like most things in life, are not completely risk free. Whilst your safety is our 1st priority and we minimise the risks associated with each activity, it should be understood and accepted that some things are beyond our control and that bruises, bumps and scrapes occasionally happen.

All course participants should be physically able to undertake the activity. Please notify us of any possibly relevant conditions in the space below and consult with your doctor prior to booking should you have any concerns.

All participants must comply with the instructions given by the Centre Staff. Participants in watersports should be confident in water. Weak/non swimmers may still be able to participate in waterbased activities but only with prior notification.

Bowl Water Outdoor Centre and The Education People do not provide any personal accident or cancellation insurance cover, nor do we accept any responsibility for any items lost, stolen or damaged whilst at the Centre.

Photographs may be taken during each course for use in our publicity unless you expressly state you do not want this.

How we use your personal information

We need a variety of information from you so we can safely and efficiently teach you/ your young person. After the course (assuming all has gone to plan!) we will destroy your details with the exception of your name and the course you took if a qualification was involved, unless you would like us to keep you informed about future courses and related news. You can ask us to delete your details at any point after your course. *If you would like to know more about why we collect your data, and how we use and store your data, please refer to our [privacy policy](https://www.theeducationpeople.org/privacy-policy/)* (<https://www.theeducationpeople.org/privacy-policy/>)

Please state any medical, dietary or other conditions that may be relevant in any way:-

Please detail any medication, allergies, heart and breathing conditions, etc. Please use additional paper if required.

Emergency Contact (next of kin)	Name	Telephone Number(s)
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Participants Address		
Mobile Telephone	Work Telephone	Home Telephone

Name, Address & Telephone Number of GP:

I confirm that I have read, understood and agree to abide by the conditions as stated. I also state that I/ the participant am/ is physically fit to take part in the activities; confident in water (watersports courses only) and willing to comply with all safety regulations.
I consent to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.
Yes, Please keep me informed about news and further courses

Name of Participant: _____ Date of Birth: _____

Signed parent/ guardian if under 18: _____ Date: _____
Full Name (please print): _____

Group: _____ Date of visit: _____