

Health and Safety Registration Form

All participants must complete



How did you hear about Mobile Team Adventure? _____

Prior to completing this registration form please take time to read all sections carefully. Full disclosure of previous and current health problems will be required. All information received will be kept strictly confidential and only used in the event of an emergency.

Activity: Kayak/Canoe Climbing Archery Multi Activity Team Building Other (please state) _____

Name of Participant _____ Age _____

Name of Organisation/Group _____

Address _____ Postcode _____

Tel No. (Home) _____ Mob _____

Email Address _____ Date of Birth _____

Emergency Contact: Next of Kin/Contact for Parent/Guardian:

Name _____ Relationship to participant _____

Address _____ Tel. No (Home) _____ (Mob) _____

Please give details of:

Any medical conditions e.g. diabetes, asthma _____

Any allergies e.g. to medication, anaesthetics _____

Any existing injuries _____

I CAN / CANNOT SWIM

(For information only, it is not a necessity & you can still take part in all water-based activities. Buoyancy Aids will be provided).

I DO / DO NOT agree to MTA taking photographs, which will remain the property of MTA and may possibly be used on promotional material including social networking sites in future.

I DO / DO NOT wish to receive Mobile Team Adventure updates including e-zine, emails or special offers.

Acceptance of Responsibility

Mobile Team Adventure (MTA) will issue a verbal safety brief to all participants by an instructor, prior to any activity taking place. If it is felt by the participant that the briefing was unclear or inadequate then they should not participate.

I, the participant, agree and understand that outdoor activities may have dangers and that my participation is **entirely at my own risk** and therefore agree to indemnify and hold harmless MTA (excluding negligence), should I incur personal injury, loss or damage during an activity. I declare that I am fit enough to participate and that I do not have any pre-existing medical conditions that should preclude me from participating. I am responsible for my own safety, actions and involvement and understand that I may opt out at any stage and that I am expected to act in a responsible manner at all times. I give permission for MTA Instructors to give First Aid and seek medical services for me if required.

BY SIGNING THIS DOCUMENT I AGREE THAT I HAVE READ AND UNDERSTAND THE ACCEPTANCE OF RESPONSIBILITY AND ALL OTHER STATEMENTS ON THE REGISTRATION FORM:

SIGNED DATE

Parent/Guardian permission

Participants under the age of **16 years** must have signed consent from a parent/guardian. Parents/Guardians must read and agree to the **Acceptance of Responsibility** guidelines. All participants under the age of 16 years must adhere to guidelines as laid down in the **Acceptance of Responsibility**.

SIGNED DATE