

For Groups Under 18 – All sessions

Guardian Disclaimer and Medical Form

To be completed by guardian or group Leader and returned prior to the activity taking place.

Acknowledgement of risk:

There will always be some risk involved in any type of adventurous activity and indeed the benefits of the activity would probably be nullified if these risks were removed. The type of risk is generally confined to the same sort of risks that a person in normal recreation may experience. We consider the level of risk to be low and reasonable. However, the person completing this form must decide if you consider this reasonable. Our "Challenge by Choice" approach endeavours to ensure participation in any activity is always at the participant's discretion. The above declaration does not absolve LOPC of its "Duty of Care" and other legal responsibilities.

Personal accident and loss/damage of belongings are not insured. Participants are covered by the company's insurance in the, highly unlikely, event of negligence by one of the employees.

For all activities, the relevant in house training or National Governing Body qualifications are held by the instructors, and both in house and external monitoring is carried out regularly. Risk Assessments are available on our website.

Please note: A weight restriction of **18st** when fully clothed applies to all people using the Powerfan. When signing this form on behalf of others trying the Powerfan, please ensure that this weight restriction is adhered to by all members of your group.

Parent/Guardian/Senior Teacher Disclaimer:

I have read and understood the above information. The person(s) named below have my consent to participate in Leicester OPC activities. I am aware that there are risks of injury associated with participating in adventurous activities but I am also aware that this person will be under trained, qualified supervision. I give consent for any emergency treatment in the event of an accident.

Medical Disclosure: by completing this form I also confirm that I will make Leicester OPC staff aware of any medical condition that any of the participants may have that may affect their involvement with activities offered. The group and the parents of those below give permission for Leicester OPC to take any person to hospital if required, and consent to any treatment being given in an emergency.

	Name	D.O.B.	M / F
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Organisation:

Name of person completing form:

Relationship to participant/s:

Signed: Date: