



# Group Consent Form – under 18s only



**To be completed by the Group Leader.**

This Consent Form must be completed by the adult that is responsible for each Participant identified below. The adult signing this form is the Group Leader and must have permission from each Participant's parent or legal guardian for them to take part in the planned Activities and the Organisation which they represent to enter into this Consent Form on behalf of that Participant and the Organisation.

By signing this Consent Form You confirm that You have read and understood, and required the Participant to read and understand, Our Terms and Conditions relating to the provision of the Activities which You have booked. This Consent Form forms part of Your Contract with Us. Please ensure You have read and understood both this Consent Form and the Terms and Conditions before signing this Consent Form.

	Participant's Name	Date of Birth (DD/MM/YY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

**Please tick the box** to confirm that You have, and will retain on Your person for the duration of all Activities to be undertaken by your Group, written details of the name and telephone number of an emergency contact for each Participant within your Group, and will provide these to LOPC on request.

<b>Medical Information</b>		
<b>Has any Participant listed above ever had or currently have any of the following?</b>		
Heart problems of any kind?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
High blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Recurrent back problems or surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy, seizures, convulsions or medications to prevent them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma, wheezing when breathing or wheezing with exercise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arm or leg problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medically recognised disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is any Participant pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they take either prescription/non-prescription drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any food allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any other disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any other medical conditions, or other details concerning a Participant, that We should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If You have answered yes to any of the above then <b>please tick the box</b> to confirm you have given further details to Us of the relevant condition (either on a continuation of this Consent Form or in a separate format to which We have agreed), including identifying the relevant Participant.		<input type="checkbox"/>
Any Participant who may require any medication during the Activity must bring that medication with them to the Activity. In addition, any Participant with an asthmatic condition must have their inhaler available during the Activities at all times. <b>Please tick the box</b> to confirm You have ensured that all Participants in the Group have complied with this requirement.		<input type="checkbox"/>
<b>Please tick the box</b> to confirm that You agree (a) to any emergency treatment that We may consider necessary, and/or the administration of personal medication, in respect of a Participant in the event of an accident; and (b) that each Participant may be taken to hospital and receive hospital treatment if required.		<input type="checkbox"/>

We may take photos or video footage of the Young People listed for future marketing:

If this is not acceptable please tick this box:

The Activities which We provide carry an element of risk of injury or death. By signing this Consent Form, You accept that risk on behalf of the parents or legal guardians of the listed Young People.

For air rifle shooting activities, I confirm that all parents or legal guardians of the Young People listed are happy for their Young Person to participate and they have confirmed that they are not prohibited from air rifle shooting by section 21 of the Firearms Act 1968.

**By signing this Consent Form You confirm and agree:**

- that You are aged 18 or over and have the Authority of the Organisation to enter into this Consent Form on behalf of each listed Young person and the Organisation;
- That You are entering into a Contract on behalf of Your Organisation with Us
- that You have consent from the parent or legal guardian of each Young Person listed to participate;
- that You have declared all the listed Young People's pre-existing medical conditions on this Consent Form;
- that We can give emergency treatment or administer personal medication in the event of an accident or emergency;
- that the listed Young People will hand in any necessary medication to us during the activities;
- that We can use personal data in accordance with the Terms and Conditions; and
- that the information provided by You in this Consent Form is accurate.

<b>Name of adult completing form:</b>	
<b>Mobile phone number:</b>	
<b>Relationship to Participant(s):</b>	
<b>Organisation:</b>	
<b>Signature:</b>	<b>Date:</b> (DD/MM/YY)