



Consent Form

Please read and sign (one per adult/ family)

Participants Names:	<u>Email address:</u>
Emergency Contact (Name): Tel Number:	<u>Date Of Birth</u>

I wish to participate in the activities organised by Leap of Faith and accept the conditions below:

- Leap of faith have an excellent safety record, hold public liability insurance and take all necessary precautions to ensure the safety of all participants. I will comply with the instructors and their safety rules whilst under their care. I will not climb unless clipped & only our trained instructors will clip & unclip on the course.
- I understand that these physical, outdoor, all weather, activities require a moderate level of fitness and can be physically testing.
- With any adventurous activity you could get the occasionally bumps, bruises cuts and grazes but if you listen to your instructors you should have a fantastic & safe time.
- Each participant should familiarize themselves with the hazards and try and minimize these as much as possible by complying with our safety briefs, instructions and guidelines. Accidents can happen without any contributory negligence from the center or its staff. We cannot accept responsibility for loss or damage to personal property or for personal injury from an activity unless proven negligent. In the unlikely event of injury, I consent to emergency medical treatment being given if deemed necessary.

If you have any of the following, we strongly advise you do not participate in any of the activities:

Any Major illness, Blackouts/Headaches/Dizziness, Bronchial illness, recent injuries/operations, Epilepsy, Diabetes, Heart complaints, Back/Neck complaints, Physical disabilities, Pregnancy.

Please have your inhaler with you if you have asthma and make our instructors aware if you have this or other medical conditions. If in doubt speak to your instructor and we'll be happy to help.

I understand to climb and use the swing if must weigh below 133kg/21 stone. I do not know of any medical condition I suffer from which might have the effect of making it more likely that I will be involved in an incident, or which could result in injury to myself or others. The minimum age for these activities is 4 years.

Signed _____ Parent/ Responsible Adult- to sign if participant is under 16 years old).

Print Name _____

Date:

Leap of Faith is perfect for individuals, Birthday Parties, Cubs, Brownies, Scouts & Guides, Company team events and Stag and Hen events. Please call us for more information or visit our website www.leapoffaith.co.uk.

We welcome feedback - please contact Chris info@leapoffaith.co.uk or call T: 01173737531. M:07891637993

Leap of faith & Bristol Zoo Gardens may very occasionally email you with great offers. We will no share your info with anyone else. If you would like to receive these offers then tick this box. []