**School/ Group Consent Activity Form**

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| Group name: | Date of session: |
| Group leader: | Contact number: |
| Email Address: |  |

**Information**

Please compete the attached form for all participants, highlighting any medical conditions or SEN information.

Oakwood accepts its responsibility to make the activities safe in line with our Standard Operating Procedures and Best Practice. However, adventurous activities are inherently hazardous and by nature cannot be completely risk free.

**Participation Statement of Risk**

**Outdoor and adventurous activities often involve learning new skills in unfamiliar environments. As such these activities have an element of risk, which includes a danger of personal injury or death. Participants and/or their parents/guardians undertaking these activities should be aware of and accept these risks and be responsible for their own actions.**

**Declaration of Fact**

I confirm that all the information supplied on this registration form is correct and if any information changes I will notify the centre.

**Release of Liability**

I authorise Oakwood Outdoor and Climbing Centre employees to provide or obtain medical care without liability, for me or any person(s) I am signing on behalf of, and if required, to arrange transport for me or them to a medical facility.

I am aware that Oakwood Climbing Centre has CCTV running through the centre to ensure the safety of climbers

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| Group/school name: | | Position: | | |
| Print name: | Signature: | | Date: | |
| **I confirm that I, the teacher/leader of the group undertaking activities at Oakwood have the school group consent forms and medical information for all of the participants on the activity available for the duration of the activity** | | | |  |
| I confirm that I, the teacher/leader have the contact details of the next of kin for everyone attending | | | |  |
| I confirm that parents and guardians of the named participants are aware of the activities taking place and have given their consent for them to attend Oakwood and participate in activities. | | | |  |
| I confirm I will remain onsite for the duration of the activity | | | |  |
| If you are happy for the participants to be photographed for publicity, please tick the box | | | |  |

By signing this form you agree with the storage and handling of your whole group’s data by this company as laid out in our Privacy Policy and also our Booking T&C’s which are available to view on our website [www.oakwoodyouth.co.uk](http://www.oakwoodyouth.co.uk) . You also agree that the contact and medical details are correct and that you have gained consent for all participants to take part in activities at Oakwood.

[www.oakwoodyouth.co.uk](http://www.oakwoodyouth.co.uk) 01189792253

Oakwood Climbing Centre, Waterloo Rd, Bracknell, Wokingham RG40 3DA

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| Name of Participant | Medical Condition / Injury / SEN / Any other considerations |
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| Name of Participant | Medical Condition / Injury / SEN / Any other considerations |
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