



Consent Form (Over 18's)

Oakland Outdoor Education Centre, Capel Garmon Road, Llanrwst, Conwy, North Wales, LL26 0RB

Please use capital letters

Your full name: Under 25 Please tick Over 25 Please tick

School/Organisation:

Dates of visit: From: To:

Medical Information

Please answer the following as completely as possible:

- | | |
|---|----------------------|
| | <i>Please circle</i> |
| • Are you receiving medical treatment / taking any medication? | Yes No |
| ▪ If yes please give details: <input type="text"/> | |
| • Do you have any allergies (e.g. penicillin, sticky plasters, peanuts)? | Yes No |
| ▪ If yes please give details: <input type="text"/> | |
| • Any other information/disabilities that may affect your performance during your course? | Yes No |
| ▪ Please give details: <input type="text"/> | |
| • Do you have any special dietary requirements? | Yes No |
| ▪ If yes please give details: <input type="text"/> | |
| • Have you been inoculated against tetanus within the last 10 years? | Yes No |
| • Are you a confident swimmer (i.e. 25m+ in a swimming pool)? | Yes No |

Use of digital photos

During your activities we may take and use digital photos for publicity purposes, including use on the internet. Please indicate whether or not you are happy for us to take and use photos...

- | | |
|---|----------------------|
| | <i>Please circle</i> |
| • I agree to Oaklands taking photos | Yes No |
| • I agree to Oaklands using appropriate photographs for publicity purposes, including the internet. | Yes No |

Emergency Contact Details

| | | | |
|---------------------------|-------------------------------|------------------------|----------------------|
| Your address: | <input type="text"/> | Home: | <input type="text"/> |
| | <input type="text"/> | Mobile: | <input type="text"/> |
| | Postcode <input type="text"/> | Work: | <input type="text"/> |
| Alternative Contact Name: | <input type="text"/> | Home: | <input type="text"/> |
| Relationship to you: | <input type="text"/> | Mobile/Work: | <input type="text"/> |
| Name of your Doctor: | <input type="text"/> | Tel: | <input type="text"/> |
| Doctors address: | <input type="text"/> | NHS Number (if known): | <input type="text"/> |
| | Postcode <input type="text"/> | | |

Loss or Theft of Personal Property

Neither the Metropolitan Borough of Wirral nor Oaklands Outdoor Education Centre, nor any member of staff, accepts liability for the loss, theft or damage to the personal property of any visitors to the Centre. Visitors should therefore ensure that they have adequate insurance cover.

Declaration:

I agree to participate in an outdoor and adventurous activity course provided by Oaklands Outdoor Education Centre. I understand that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no Personal Accident Cover (you may wish to arrange your own cover if you consider it necessary).

I agree to receive emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: Date:

Note to attending courses at Oaklands

This information is not meant to alarm you, merely to ensure our staff team is fully prepared in order to provide you with an enjoyable and worthwhile experience of outdoor activities. Thank you for your help.