

Parental Consent Form: Ridgeway Adventures Activity Days

Child's information

Name: _____ Date of birth: _____
Address: _____
Post Code: _____
Contact Number: _____ Email: _____

Emergency Contact Details (2 contacts required)

Name: _____ Contact Number: _____
Relationship to child: _____
Name: _____ Contact Number: _____
Relationship to child: _____

Medical information:

Please provide any details of medical conditions including allergies:

Do we need to provide any extra help, for example because of a disability, or are there any activities that your child cannot participate in?:

Parental Consent

By returning this completed form I agree to the child named above taking part in the activities (axe throwing, knife throwing, archery, archery tag, airsoft shooting, laser maze heist experience). I agree that my child will be left under the supervision of trained instructors at Ridgeway Adventures, all of whom have been DBS checked

Parent/Guardian Name: _____ Date: _____

Signature: _____

Photography From time to time Ridgeway Adventures may wish to take pictures for promotional use in local, regional or national media to promote the activity centre. Any photographs taken will be used solely for promotional purposes. Please sign below to indicate your agreement for pictures of your child to be taken for the above reasons.

Parent/Guardian Name: _____ Date: _____

Signature: _____
