

Craggs Adventures participation statement:

“Outdoor adventure activities are activities with a danger of personal injury or death. There have been serious injuries and fatalities associated with the participation in such activities. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.”

The above statement is relevant to each and every activity ran by Craggs Adventures.

I acknowledge the above statement of participation and understand the risks associated in the activity chosen and I accept that it is impossible to completely protect myself (or my child) from these risks. I choose to participate (and my child) in the activity and fully accept the risks associated with it. I agree to be responsible for my own (and my child's) actions and agree to adhere to the instructions and advice given by the activity leader and ask for clarification if I am unsure of the instructions given as I understand that failure to do so could lead to injury or death. I accept full liability for any injuries or death as a result of ignoring safety procedures and instructions given by the activity leader.

I accept that the activity I have chosen is physically demanding and that I am fit and healthy enough to take part (as is my child). I have declared all past and present medical, physical or mental health condition as well as any allergies that I have which in my opinion or that of my GP or Hospital Consultant may affect my ability to carry out this activity safely (or my child's ability). I understand that failure I to disclosure such information can lead to injury or death and in such cases Craggs Adventures can not be held responsible. I consent to my information being shared with medical personnel in the event of of an incident where I am unable to give the information myself.

I consent to any photographs and/or videos taken of me (my child) being used by Craggs Adventures for promotional purposes on social media, websites and company literature. I accept that taking a mobile phone, camera or any other personal item onto this activity may result in items being lost or damaged and I accept full responsibility should this occur. I agree that any such item must be securely fixed to the user and must not pose a threat to the safety of the user or others in the group or affect the smooth running of the activity. I understand and agree that Craggs Adventures accepts no responsibility for my vehicle and its contents while taking part in the activity. I understand that if I give my key or any other item(s) to the instructor to keep either in their van or to take in the instructors bag during the activity that the item(s) could be lost, damaged or even stolen from the instructors van if it is broken into and I accept full responsibility if this should occur.

I acknowledge that I have seen, read and agree to the terms & conditions (rev2018-1) given to my group at the booking stage and/or on the day of the activity by Craggs Adventures. I confirm that I meet all requirements and that I fall within the min/max size/age ranges. I understand that failure to meet these requirements/being dishonest about age, height or clothing size can result in damage to the equipment, injury or death to which I will be fully liable. I also agree to replacing any kit that I damage though negligence.

By signing this form you are agreeing to all of the above statements, you understand and accept the risks involved in the activity and you wish to take part (as a parent/ legal guardian you are also agreeing on behalf of your child):

Date:		Activity / Location:		
Name & Address:	Age & D.O.B:	Emergency Contact: (Name & No)	Medical, Physical, Mental Condition / Allergy Info: (Give details including GP name & address. Use more than one box if necessary) *NOTE* Please ask for a separate form if you wish for your details to remain private.	SIGNATURE: (Parent/legal guardian of u18)
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By signing this form I am agreeing to having read and agreeing to the information on the adjacent sheet:

Date:		Activity / Location:		
Name & Address:	Age & D.O.B:	Emergency Contact No:	Medical, Physical, Mental Condition / Allergy Info: (Give details including GP name & address. Use more than one box if necessary) *NOTE* Please ask for a separate form if you wish for your details to remain private.	SIGNATURE: (Parent/legal guardian of u18)
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