



## Peaks and paddles Outdoor Adventure Registration / consent form



Under GDPR, personal data supplied will be treated in confidence and only used in accordance with this activity / booking.  
It is never sold or used by a third party.

### STATEMENT OF RISK

Participation in adventurous activities such as climbing, caving, canoeing, kayaking, abseiling are potentially physically demanding and hazardous with a danger to personal injury or death. Whilst Peaks and Paddles takes all reasonably practicable measures to ensure the safety of all participants, there are inherent risks that are integral to the activities which cannot be eliminated without destroying their unique character. Although accidents may still occur, to reduce their number and severity Peaks and Paddles staff will make participants aware of the risks and hazards attached to each activity and minimize these as much as possible.

We reserve the right to cancel or modify any activity if we believe there to be adverse risk, including if participants are believed to be under the influence of alcohol or drugs.

By booking an activity you are aware of and accept these risks and will be responsible for your own and your groups actions and involvement.

( ) I have read the above statement and accept there are risks involved and accept they cannot be totally eliminated.

( ) I understand that booking is accepted on the understanding that Peaks and Paddles safety advice is observed at all times and that mine and the groups behavior will be appropriate.

( ) I agree that group members can swim if taking part in river canoeing.

( ) Any valuables used / damaged / lost on activity is entirely at your own risk ie phones / watches / jewellery – peaks and paddles recommend not taking them.

( ) I agree the information provided is correct at time of taking part.

**Please tick above ( )**

**ADDRESS OF GROUP**..... **Tel:** .....

**ACTIVITY** ..... **Activity Date**.....

PARTICIPANTS NAMES	AGE IF UR18	MEDICAL ISSUES AFFECTING PARTICIPATION IN ACTIVITY (Asthma / epilepsy / Back issues /	SIGNED (by parent if ur 18)	DATED
1)				
2)				
3)				
4)				
5)				
6)				
Emergency Contact Name	Telephone number			