

steve banks outdoors

Client/Participant Consent & Information Form

The personal information contained on this form is confidential between you and the course/activity/trip staff. It would be divulged only to critical emergency or medical personnel in the event of you being incapacitated.

Booking terms & conditions are at <https://www.stevebanksoutdoors.co.uk/booking.php>

Full Name:

Course/Trip/Activity on which enrolled:

Date(s) of Course/Trip/Activity:

Telephone number:

Email address:

I consent to being contacted by email (**yes / no**), phone (**yes / no**), SMS (**yes / no**) in relation to this event and/or other events and topics.

Emergency Contact:
(Name & Telephone no.)

Please list **ALL** past or present health, allergy, fitness, medical or other issues which may affect your participation on the course/trip/activity, or knowledge of which may be required by emergency services or medical staff. List any medication you use or may need. If none of the above applies please print **NONE**. (continue overleaf if necessary)

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Informed Consent

I understand that outdoor and adventurous activities have intrinsic risks and hazards associated with them. I am aware there have been serious injuries and fatalities associated with participation in such activities. I am also aware of the real and potential hazards and risks involved with this present activity/trip/course. I accept it is impossible to protect me from them all completely. I choose to participate in full knowledge of all relevant safety and other information pertaining to this present activity/trip/course, I will seek further guidance from the course/trip/activity provider and/or director if unsure. I have provided all personal information as requested and consent to its disclosure to emergency and medical personnel in the event of my being incapacitated.

Signature: Date:

Data Protection

I agree to the information on this form being recorded and stored digitally and on paper by Steve Banks Outdoors as evidence of my consent and participation. I further consent to the additional information overleaf being sent to the relevant administering organisation e.g. British Canoeing, British Caving Association etc. when participating in a course which requires this.

Signature: Date:

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Additional Information required by national organisations for qualification course administration:

Some or all of this information may be sent to the relevant organisation to process your course.

Full Address including postcode:

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Date of birth:

Canoe home nation & number

(Paddlesport courses only)

Caving LCMLA number

(BCA LCMLA courses only)

Caving LCMLA registration date

(BCA LCMLA courses only)

Any additional critical information: