



REALLY RURAL LIMITED – PARENT/GUARDIAN CONSENT FORM (Under 18)

It is an insurance requirement that participants under the age of 18 years, must provide a completed Parent / Guardian Consent Form. **Failure to provide a completed form will result in individuals being excluded from activities.** No refunds will be given in these circumstances. All information provided will be treated with the strictest confidence.

I, (print name) _____ (Parent/Guardian)

Address: _____

Can confirm (child's name)	
Date of Birth	
Has permission to take part on (date)	

ALLERGIES, MEDICATION/TREATMENT, DISABILITIES that we should be aware of:

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EMERGENCY CONTACT DETAILS

Name			
Address			
Mobile		Phone	
Alternative Contact			
Mobile		Phone	

PHOTOGRAPHS

During activities we may take photographs or video, which we may use on social media or for promotional purposes. No person will be identified in any materials produced. Please put an X in the box if you DO NOT wish the child to appear in photographs/video.	
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I understand that activities take place in woodland / outdoors, which by its nature is not free from hazard. All activities have been risk assessed and Really Rural follows strict guidelines when working outdoors. Whilst all reasonable precaution, has been taken to minimise risk, accidents can occur without Really Rural being at fault and to that extent the child participates at their own risk.

I understand that activities may include outdoor games, running, den building, fire lighting skills, tool use, craftwork, archery and other woodland / outdoor related activities.

I understand the child needs to wear suitable outdoor clothing (warm and waterproof) and that it may get dirty. Really Rural is not responsible for personal property or to loss or damage to personal property, so we ask that valuables are left at home.

In the unlikely event of an emergency, I agree that the child may receive medical treatment, as considered necessary by the medical authorities present. Every effort will be made to contact you.

I confirm that the child(ren) has not had any symptoms of COVID-19 in the last 14 days.

Signed: _____ Date: ____/____/____