A screenshot of a cell phone

Description automatically generated

**PARTICIPANT CONSENT FORM**

Consent for a Participant to take part in activities - Bouncy Castle, Inflatable Obstacle Course and Inflatable Boxing.

This form must be completed in **BLOCK CAPITALS**.

# PARTICIPANT'S DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name |  | Surname |  | | | |
| Date of Birth |  | Age |  | | Male / Female |  |
| Address |  | |  | | | |
|  |  | Post Code |  |  | | |
| E-mail |  | Telephone |  |  | | |

# PARENT OR GUARDIAN DETAILS (IF PARTICIPANT UNDER 16)

*(If you do not have parental responsibility for the Participant, you cannot use this form.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name |  | Surname |  | | | |
| Date of Birth |  | Age |  | | Male / Female |  |
| Address |  | |  | | | |
|  |  | Post Code |  |  | | |
| E-mail |  | Telephone |  |  | | |

# HEALTH

Does the Participant suffer from any illnesses/injuries/allergies/medical conditions\* (please list) …………………………

…………………………………………………………………………………………………………………………………………

Is the Participant on any medication? (please state medication and reasons) ………………………………………………

…………………………………………………………………………………………………………………………………………

\* Please supply any additional information on conditions which may require extra consideration by staff.

# CONSENT (ALSO SIGNED BY PARENT OR GUARDIAN IF PARTICIPANT UNDER 16)

I consent to take part/the under 16 named above taking part in Inflatable activities at Wandle Valley Academy on 14 July 2022. In providing my consent I declare that I understand that these activities themselves are not completely free from risk. I accept that whilst Wandle Valley Academy staff will take the appropriate precautions to prevent accidents, this can never be guaranteed.

I confirm that I am/the under 16 named above is physically fit and healthy and I undertake to advise Wandle Valley Academy of any change in this regard. I have completed the 'Health' section above and give consent that in the event of any illness/accident any necessary treatment can be administered to me/the under 16 named above. I confirm that I have read through the Activity Rules/with the under 16 named above and that I/he/she agree(s) to abide by the Activity Rules as laid out by Wandle Valley Academy and to follow the instructions of the Wandle Valley Academy staff at all times.

I declare that the above information is correct and if any information changes I will notify Wandle Valley Academy.

**Participant Name**: ………………………………………………………….

**Signed by Participant**: ……………………………… **Date**: …………….

**(if Participant under 16) Parent / Carer Name**: ………………………………………………………….

**(if Participant under 16) also signed by Parent / Carer**: ……………………………… **Date**: …………….

**WANDLE VALLEY INFLATABLE RULES**

All users agree that they shall not participate in any activities provided by Wandle Valley Academy unless they have undertaken Wandle Valley safety and induction procedures and processes in relation to the activities and confirm that they will comply with these rules at all times whilst on the premises. The rules are as follows:

1. Prior to participating, users will remove jewellery, mobile phones and other valuables

1. Participants will not eat or drink whilst participating in activities provided

1. Participants will at all times only carry out activities that are within their skill level and of which they are able to retain control at all times

1. Participants will at all times follow the instruction by Wandle Valley Academy staff

1. Participants will not attempt to wrestle on the inflatable

1. Participants will not attempt to climb or dismantle the safety apparatus, including netting and padding

1. Participants will only rest in the designated seating and rest areas of the activity

1. Participants will not utilise the inflatables unless participating in activities led by Wandle Valley Academy Staff

1. Participants confirm that they are not pregnant. You should not participate if pregnant

1. Participants confirm that if they have any sort of medical condition that they believe may affect their ability to safely participate, they must consult a qualified medical practitioner before participating
2. If a participant is asked to leave the inflatable or the inflatable area, they must follow this instruction straight away