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**Group Consent Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
| Activity: |  | Time: |  |

|  |  |
| --- | --- |
| Name of Group: |  |
| Name of Group Organiser: |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| Emergency Contact Numbers: |  |

|  |  |
| --- | --- |
| How many people in your group? |  |

**PLEASE ADD GROUPS INFORMATION OVERLEAF**

**Acknowledgment of risk**

I, the organiser have gained Consent forms **(Informed Consent)** from all participants (or parents/guardians if under 18 years of age) and agree to the following:

* Any relevant medical conditions pertaining to the participant(s) must be brought to the attention of Adventure Nene Ltd staff. Any information given will be treated in strictest confidence.
* Adventure Nene Ltd would like to draw your attention to the fact that outdoor activities are risk sports even though statistically the risk is slight. Safety is an integral part of all activities. I understand that whilst Adventure Nene Ltd will do its utmost to safeguard me; outdoor activities can be hazardous and is undertaken at my own risk.
* All participants must follow instructions from Adventure Nene Ltd staff at all times.
* Correct PPE equipment must be worn at all times whilst taking part in activities.
* Non swimmers are encouraged to participate but must be identified to Adventure Nene Ltd staff prior to the activity commencing.

|  |  |
| --- | --- |
| Signature of Organiser: |  |

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| **Name** | **Medical Conditions** | **Photos allowed**  **(Yes / No)** |
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