

Activity joining details

Location

Activity Dates of activity

Students Details

Name Age

Emergency contacts

1

Name

Relationship

Telephone Number

2

Name

Relationship

Telephone Number

Declaration of fitness

At present what do you believe your current level of fitness to be? (Tick as appropriate)

- Low *Little or no exercise in a week*
- Average *1 – 2 sessions of moderate exercise in a week*
- High *2 – 3 sessions of vigorous exercise in a week*
- Very high * 3 or more sessions of high intensity exercise in a week*

The Ultimate Activity Company is a trading name of the Ultimate Consortium Ltd registered at the River Wye Activity Centre, Glasbury House, Glasbury on Wye, Herefordshire. HR3 5NW. Company No. 06803206. We are a licensed provider of outdoor adventure activities. Ref R2059. For a full list of what we are licensed to provide please see the link below:
http://www.aals.org.uk/aals/provider_detail.php?ref_no=R2059

Swimming Ability

At present what do you believe your current swimming ability to be? (Tick as appropriate)

- Weak *Inability to swim more than 100m*
- Average *Can swim over 100m with confidence*
- Above Average *Can swim over 250m with confidence*

Medical information

Doctor surgery

Contact number

Please answer all medical questions below: (Tick as appropriate)

Yes No

Do you currently have any injuries that may effect you during the activity session	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from asthma or chest illness	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from fits / epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under medical supervision or taking any form of medication	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered as disabled	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an operation on / experience pain from, your joints or lower back	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a heart condition or have ever suffered from any form of cardiac illness	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever, or do you currently smoke	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other medical conditions that you are currently suffering from	<input type="checkbox"/>	<input type="checkbox"/>

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If you have answered YES to any of the questions above please provide additional information below

Additional information:

Acknowledgement of Risk

It's important that you read this document before signing. We need parental or guardian consent before children under the age of 18 take part in activities with the Ultimate Activity Company. If you are happy for the participants named overleaf to take part in these activities and/or take part yourself, please complete and sign this form.

Activity/Activities:

Paddle Sports (Canoeing / Kayaking / Stand up paddle boarding on Lake / Sheltered water)

Cycling

Dates:

16th-19th June 2019, 23th-26th June 2019

1. I understand that this Acknowledgement of Risk applies to all activities we're taking part with Ultimate Activity Company.
2. I confirm that I am over 18 years old.
3. Where participants are under the age of 18, I consent to them participating and am signing this form on their behalf. I acknowledge that we will be involved in adventurous or strenuous activity and accept that there are risks in doing so. I will ensure the participants comply with the conditions of participation detailed in this form and in the Ultimate Activity Company terms and conditions which can be found at <http://www.ultimate-activitycompany.co.uk/terms-conditions/>.
4. I confirm the named participants are at least the minimum age specified on the Ultimate Activity Company website for the activities they will be taking part in and that the proposed activities are within their abilities.
5. I agree that the participants will follow the specific spoken and written instructions and advice given before and/or during the activity/activities. I further acknowledge that failure to do so may result in serious injury or death.
6. I confirm that to the best of my knowledge, none of the participants has an undisclosed medical condition which is likely to increase the chance of being involved in an incident, resulting in injury to themselves or others. I acknowledge that the staff at the Ultimate

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Activity Company reserve the right to refuse to allow participation in certain activities if a declared medical or other condition is considered detrimental to the safety or smooth running of those activities.

7. I understand and accept that the nature of the activities may result in damage to clothing.
8. I understand that we are expected to be responsible for our own belongings. In the event of an accident, or loss, or damage to personal effects, I acknowledge that the Ultimate Activity Company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activity/activities (except for death or personal injury caused by the negligence of staff). On behalf of named participant/s, I waive all and any claims against the Ultimate Activity Company in this respect.
9. I declare that if I am not the parent or guardian of the child(ren) noted overleaf, I have authority from the child(ren)'s parent or guardian to sign this consent form on their behalf.
10. During the visit, photographs and video clips may be taken by staff from the Centre and may appear in marketing materials or on social media.

Do you give consent for photographs to be taken of yourself or named participant and used in publicity -Please tick box. **Yes** **No**

Student Declaration

I consider myself to be medically fit to participate in the activities selected

Signed

Date

Parental consent (necessary for participants under the age of 18)

I consider my son/daughter medically fit to participate in the activities selected and I hereby give my son/daughter permission to take part

Signed

Date

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