



**Disclaimer Form And Medical Form
Adventure Parties**

To be filled out by parent/guardian and returned prior to the event.

All staff are qualified and all activities are presented on a Challenge by Choice basis. This means that CTTE staff are there to make sure that you are safe, have a great time and give you the encouragement you need to do as much or as little as you want to. Personal accidental and loss/damage of belongings are not insured. Participants are covered by the company's insurance in the highly unlikely event of negligence by one of the employees.

Parent/Guardian - Disclaimer

I have read and understood the above information. The person named below has my consent to participate in CTTE activities. I understand that close contact with instructors is necessary whilst being fitted for personal safety equipment. I am also aware that there are minor risks of injury associated with participating in adventurous activities but I am also aware that this person will be under qualified supervision and attached at all times, whilst they are at height, to tested and approved safety systems. I consent to any treatment being given in an emergency.

Medical Disclosure: By completing this form I also confirm that I will make CTTE staff aware of any medical condition that the named child may have that may affect his/her involvement with the activities offered. I/We, the parents of the person named below, give permission for CTTE staff to administer First Aid and authorise the company to seek medical attention if required. CTTE will also have a first aid qualified instructor on site

Name: Relationship to Participant/s:

Signed: Date:

Name of Child:.....Age.....Sex:.....M/F