



Acceptance of Risk, Consent and Medical form

This form must be completed and signed by the Parent or Guardian of the participant named

Participant/Student Details			
Participant Name:			
Date of Birth:		Male or Female?	
Address:			
Participant's Mobile Number:			
Group/School or Organisation:			
Dates of activity:			
Photographic Consent or Opt Out.			
<p>You may opt out of permitting photographic consent; however, it is beneficial to the participant to have photographs of themselves on activity for uploading to e-DofE and for their own records of achievement. Expeditions Wales cannot be responsible to photographs taken by other participants. Our promise is to never use any inappropriate or demeaning photographs which may cause offence or embarrassment and to discourage others from acting in this manner.</p>			
Photographic Consent Given		Photographic Consent Refused	
Acceptance of Risk and Responsibility for actions			
<p>Most courses at Expeditions Wales include adventurous activities. Expeditions Wales's staff has and fully accepts a duty of care to make those activities as safe as is reasonably practical. We are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to.</p> <p>Expeditions Wales accepts its responsibility to make its courses as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try. Accidents can happen without any contributory negligence from Expeditions Wales or its staff.</p> <p>Moreover, the environment at Expeditions Wales is such that we cannot "fence off" all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do.</p> <p>Only give your consent if you are confident that they will behave responsibly in this way.</p> <p>Expeditions Wales can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default.</p> <p>I understand and accept the above statements. My son or daughter is fit for the course and will inform Expeditions Wales before the course of any special medical conditions that might affect my son's or daughter's safety.</p>			
Signature of Parent or Guardian :			Date:



Expeditions Wales
 Meadow View, Trecastle, Brecon, Powys, LD3 8UH
 Phone: 07791 739025
 Email: aled@expeditionswales.co.uk
 www.expeditionswales.co.uk





Medical Details

Please fill this in as fully as possible adding any further notes on the back or a separate piece of paper; we may contact you to seek further information if we feel this will help us safeguard a participant's wellbeing.

It is your responsibility to keep us informed of any changes to this information, including injuries sustained which could hamper physical activity.

Details of any medical conditions, major or minor:	
Details of any current or recent medical treatment or injuries, including medication & behaviour control:	
Please note any allergies including medication you carry and the dosage:	
Approximate date of last tetanus treatment?	

Emergency Contact Details

Emergency Contact Name:		Relationship to participant:	
Emergency Contact Numbers:	Preferred:	Alternative:	
Contact Email Address (only used if we need to send you medical information)			
Address of Primary Emergency Contact: <i>If different to the participant's address supplied on page 1</i>			
Name of Participant's Doctor (GP) including Surgery/Clinic Address			

Consent to the administration of medical treatment

In the event that I cannot be contacted, I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present and I give authority to members of staff of Expeditions Wales to consent to such treatment.

Signature of Parent or Guardian :		Date:	
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