

Quad Biking Consent & Acceptance of Risk Form

In order for your group to attend Bowley Campsite & Activity Centre we require your consent to allow them to take part under the supervision of our qualified and experienced staff.

All Bowley Campsite & Activity Centre staff have, and fully accept, a duty of care to make activities as safe as is reasonably practical. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try. Accidents can happen without any contributory negligence from Bowley Campsite & Activity Centre or its staff. To minimise the risk of injury, full Protective Personal Equipment (PPE) will be worn at all times during the activity.

Moreover, the environment we use is such that we cannot “fence off” all hazardous areas. Your group 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.

Bowley Campsite & Activity Centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own actions.

Group Consent

I understand and accept the above statements. My group is fit for the activities and I will inform Bowley Campsite & Activity Centre of any special medical conditions that might affect the safety of group members.

By signing this form, I give full consent to my group being photographed and filmed during the above activities, which may be used to display positive images on registered web sites or social media.

- i. I agree to my group taking part in Bowley Campsite & Activity Centre Quad Biking.
- ii. I understand that the staff responsible for the activities will take all reasonable care of participants.
- iii. I acknowledge the need for my group to behave responsibly.
- iv. I will ensure that at least one Section Leader is present during the activity.
- v. I consent to any emergency treatment necessary. I therefore authorise Bowley Campsite & Activity Centre staff to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger health or safety.

Signature _____

Date _____

Print Name _____

Position _____

Quad Biking Group Leader/Organiser Details

Name _____ Date of Event _____

Address _____

_____ Postcode _____

Tel. No. _____ or _____

Alternative Contact Name, Address, and Tel. No. (For emergency use only) _____

Group Information - Group Name _____

Please give details requested below or any information which might be relevant.

A. Has anyone in your group, to your knowledge, been in contact with any infectious illnesses in the last three weeks? YES/NO

If yes, give details _____

B. Does anyone in your group suffer from any medical condition, illness or disability? (eg. Diabetes, Migraine, Epilepsy, Pregnancy) YES/NO

If yes, give details _____

C. Is anyone in your group allergic or sensitive to anything? (eg. Penicillin, Asprin, Elastoplast, or any other medicines, wasp stings, nuts or any other foods etc.) YES/NO

If yes, give details _____

D. Is anyone in your group receiving any medical treatment at present?

YES/NO

If yes, give details _____

E. Does anyone in your group have any special dietary needs YES/NO