



Acknowledgement of risk and acceptance of responsibility

Forename	
Surname	
Date of Birth	
Age at the time of attendance	
Parents or guardians name	
Date	

Note: Parents' or guardians' signatures are required for children under 16 years old, and highly recommended for those 16-18 years old.

Please read and sign at the end of the document.

Release and assumption of risk

I am aware that attendance on the programme with Venture Mòr is voluntary, and that the activities participants will take part in may expose them to risks. Venture Mòr staff have, and fully accept, a duty of care to make all organised activities as safe as is reasonably practical. Staff are required to adhere to comprehensive safety procedures and quality management systems.

Adventurous activities are inherently hazardous and cannot be, nor is it desirable for them to be completely risk free. Accidents can happen without any contributory negligence from the company or its staff. All participants must therefore be committed to their safety by closely following all instructions. Venture Mòr 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.

I agree (for my daughter or son) to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical authorities present and I give authority to members of Venture Mòr staff to consent to such treatment. I also agree that within the level of qualification and training of the staff, there may be need to perform local first aid in the best interests of the health and wellbeing of participants (e.g. removal of ticks, dressing of wounds etc). I consent to any form of treatment considered reasonable at the discretion of the staff members present.

Example: a participant has fallen unconscious and needs immediate medical attention, Venture Mòr staff agree to this on their behalf.

Confirmation

I confirm that I have read and understood the information contained within this document:

Participant's Name:		Participant Signature:		Date:	
Parents or guardians Name:		Parents or guardians Signature:		Date:	
Venture Mòr Staff:		Venture Mòr Staff Signature:		Date:	