

CHESHIRE AQUAPARK USER CONSENT FORM FOR ADULT PARTICIPANTS

SESSION DATE		START TIME	
PARTICIPANT DETAILS			
NAME			
ADDRESS			
		POSTCODE	
CONTACT TEL NO			
EMERGENCY CONTACT DETAILS			
NAME			
RELATIONSHIP TO PARTICIPANT			
ADDRESS			
		POSTCODE	
TEL No 1		Tel No 2	
MEDICAL DETAILS			
Any medical conditions, recent illnesses, allergies, surgery, pregnancy or other information Cheshire Aquapark need to be aware of			
Details of any Medication			
STATEMENT OF RISK			
<p>Cheshire Aquapark places safety as top priority. Aquapark Activities involve some risk for the people taking part. Cheshire Aquapark aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – minor fractures) are a possible result of taking part in Aquapark Activities. Cheshire Aquapark will minimize the actual dangers by:</p> <ul style="list-style-type: none"> • Carrying out careful assessment of all risks before commencing the activity • Only use experienced personnel with the appropriate qualifications for the activity • Giving clear safety instructions to everyone participating • Ensuring equipment and clothing is well maintained and suitable for the activity and environment • Ensuring activities are within the capabilities of the participants • Asking participants to supply any medical conditions or information • Ensuring good hygiene standards are kept. <p>We expect participants to co-operate with Cheshire Aquapark to ensure the safety of all participants by following instructions and answering questions honestly about any medical conditions or other information relating to health and safety.</p>			
CONSENT			
<p>I agree to take part in the Aquapark Activities. I understand that I will take part at my own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with Cheshire Aquapark unless proved to be caused by their negligence. I declare that to the best of my knowledge I am competent and medically fit to participate in the activity as part of a mixed group. I agree that medical treatment will be given if necessary and in case of emergency. I agree that I may be videoed or photographed whilst taking part in Aquapark Activities. Photographs or videos may be used for publicity or marketing purposes. I understand the information from this activity may be stored digitally.</p>			
Print Name			
Signature			
Date			