

CHESHIRE AQUA PARK : USER CONSENT FORM TO BE COMPLETED BY ADULT/PARENT OR GUARDIAN

SESSION DATE		START TIME	
PARTICIPANT DETAILS			
NAME 1		D.O.B	
NAME 2		D.O.B	
NAME 3		D.O.B	
NAME 4		D.O.B	
NAME 5		D.O.B	
ADDRESS			
CONTACT TEL NO			
EMERGENCY CONTACT DETAILS			
NAME			
RELATIONSHIP TO PARTICIPANT			
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/we agree to take part in the Aquapark Activities OR I agree to my son/daughter taking part in the Aqua Park Activities. I understand that I/ my party will take part at my/our/my son/daughters 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/we/my son/daughter will follow guidance provided. Failure to comply with rules will lead to removal from site. I declare that to the best of my knowledge I/we/my son/daughter are competent and medically fit to participate in the activity as part of a mixed group. I agree that medical treatment will be given in case of emergency. I confirm that all participants are aged 7 years and above and any participants under the age of 14 years must be accompanied by an adult on the park at all times, failure to do so will result in removal from site. I agree that I/we/my son/daughter may be videoed/ 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 OR Signature of Parent/ Guardian if under 17 years of age			
Date			