



Young Person Medical Consent Form

Name			
Name of Parent/Guardian			
Contact telephone number			
Does the intended participant suffer from any conditions of which the instructor should be aware?	If yes, please give details, including any medication.		
Is the participant allergic to any medication? Or Have any other allergies?	If yes, please specify.		
I consent to any emergency medical treatment that may be necessary whilst under the supervision of M&T Adventures	Yes / No		
M&T Adventures may use images and feedback comments, from the course on its website and/or social media pages, I give consent to such photographs being taken in all reasonable activity situations	Yes / No		
I accept that M&T Adventures and its representatives are not under any liability whatsoever in the respect of loss or damage of personal property, however caused.	Yes / No		
<p>It is important that participants are aware of, and accept, the elements of risk and the need to take responsibility for their own actions.</p> <p>I DECLARE THAT I AM MEDICALLY FIT TO UNDERTAKE ADVENTUROUS ACTIVITIES AND UNDERSTAND AND ACCEPT THE NORMAL RISK OF BEING IN AN OUTDOOR ENVIRONMENT</p>			
Water confidence/ swimming ability	Weak	Moderate	Strong
Parent/Guardians Signature			
Date			