

Location: ALL LOCATIONS	Date:	Time Slot:
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Please read the information below & complete a row for each participant using BLOCK CAPITALS

By signing this document, I agree that:

1. I understand the nature of the activity and agree to follow all safety rules, procedures and Covid control measures given by Little Acorns.
2. I understand the nature of all coronavirus control measures can minimise but never guarantee to prevent any transmission.
3. I am aware that there are risks involved with activities of a substantial and physically testing nature and that, while Little Acorns has done all it can to mitigate for these risks, **I accept that there can be a risk of serious injury or death** from hazards including, but not limited to, tree branches, climbing ropes, improper use of equipment and other persons climbing, as well as the inherent risks associated with being at height.
4. **I confirm I am medically fit enough for this activity** and I will make the instructors aware of any important, relevant medical or behavioural details.
5. I understand you do not recommend pregnant women take part since strenuous movements involved with climbing or suspension in a well-fitted climbing harness have associated risks. Ultimately, the choice is mine as the instructors are not medical experts and I should seek advice from my GP on the matter.
6. I am over 18 years of age and I, wish to participate or, give permission for those Under 18 years of age and under my care to participate.
7. I confirm that I am a parent/guardian of any children listed below or that I have the authority to sign this form of Risk Acknowledgement.
8. I confirm that any child participating in this activity has had their seventh birthday.
9. I confirm that with respect to GDPR regulations, photos showing with other people's children may not be shared on social media without their permission.
10. I confirm that by giving Little Acorns permission to use photos I give them permission to use these for all aspects of their marketing and PR.



Name of Climber	D.O.B	Parent/Guardian	Medical/Behavioural	Mobile/phone	Permission for Photo	By signing I acknowledge the statements above 1-10
Climber	Date of birth	For ALL Under 18s	Details you'd like us to be aware of for your safety	Contact details	Yes/ No	Signature of Participant/ Guardian (if under 18)
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