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READ THIS:

All Outdoor Adventure activities carry an element of risk. Breakout takes all reasonable steps to reduce risk **but** minor injuries can and do happen. **In filling in this form you are accepting this risk.** It is **essential** that you tell us if you have any special need, illness or disability that could affect your own safety or the safety of others.

ACTIVITY CONSENT FORM

Please fill in all the spaces and answer all the questions.

(Your Name)(Date of Birth).....
 (Home Address)
(Tel No)

Do you have any allergies that we need to be aware of, i.e. food allergies or allergies to common medicines such as aspirin or penicillin, or serious reactions to bee stings, nettles etc?
(Yes /No) If yes, please give details

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Do you suffer from any medical condition such as serious asthma, epilepsy, heart condition etc., which may affect your safety on this activity?
(Yes /No) If yes, please give details

Can you swim 50 metres? (If you cannot swim you may still be able to take part in water activities, but we **must** know so that extra care can be taken.)
(Yes /No)

In the event of a medical emergency I agree/do not agree to receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.
(Yes/ No)

Please give us a person to contact in an emergency (ideally next of kin)
 Name: Relationship

Telephone: Address:

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I wish to take part in Breakout adventure activities - specifically

I consider myself to be fit and well enough to take part in this activity session
 Signed..... Date.....