



Family Consent Form



To be completed by the parent(s) or legal guardian(s).

This Consent Form must be completed and signed by each adult identified below and applies to the Activities that the Participants identified below take part in. At least one adult must be the parent or legal guardian of each Young Person (i.e. participant under the age of 18) who is identified below, and that adult must also sign on behalf of that Young Person. This form must then be returned to LOPC prior to commencing the relevant Activity.

By signing this Consent Form You confirm that You have read and understood Our Terms and Conditions relating to the provision of the Activities which You have booked. This Consent Form forms part of Your Contract with Us. Please ensure You have read and understood both this Consent Form and the Terms and Conditions before signing this Consent Form.

The Activities which we provide carry an element of risk of injury or death. By signing this Consent Form, You accept that risk on behalf of You and the listed Young People.

For air rifle shooting activities, I confirm that I am happy for the Young Person to participate and that neither I nor they are prohibited from air rifle shooting by section 21 of the Firearms Act 1968.

By signing this Consent Form You confirm and agree:

- that You are aged 18 or over and are the parent or legal guardian of any Young Person on behalf of whom You have signed this Consent Form;
- that You have declared all the pre-existing medical conditions for the Participants listed on this Consent Form;
- that We can give emergency treatment or administer personal medication in the event of an accident or emergency;
- that We can use personal data in accordance with the Terms and Conditions; and
- that the information provided by You in this Consent Form is accurate.

	Participant's Name	Date of Birth	Signature	Date
Adult 1.				
Adult 2.				
Child 1.				
Child 2.				
Child 3.				
Child 4.				

Please turn over and complete the second side of this form.

Medical Information		
Has any Participant listed above ever had or currently have any of the following?		
Heart problems of any kind?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
High blood pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Recurrent back problems or surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy, seizures, convulsions or medications to prevent them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma, wheezing when breathing or wheezing with exercise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arm or leg problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is any Participant pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medically recognised disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they take either prescription/non-prescription drugs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any food allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do they suffer from any other disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any other medical conditions, or other details concerning a Participant, that We should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If You have answered yes to any of the above then please give further details and identify the affected Participant:		
Any Participant with an asthmatic condition must have their inhaler available during the Activities at all times.		
Please provide any further details about any Participant that You think might be important that We should know about including Special Educational Needs, food allergies or disabilities:		
Emergency Contact		
Name:	Phone Number(s):	

We may take photos or video footage of You or the Young People listed for future marketing:
 If this is not acceptable please tick this box: