

**Adventure Unlimited  
at the Rock Court Indoor Climbing Wall**

<b>Participant's Name</b>		<b>Date of Birth</b>	
<b>Does the participant have any Medical or Special Needs?</b>  YES / NO	If YES please give details:		

**Parental Declaration**

I confirm that I have full parental responsibility for the above named child and I give my consent for him/her to take part in activities organised by Adventure Unlimited. I have given details of any relevant information about his/her medical or special needs above. I authorise that properly qualified persons may administer emergency medical treatment if necessary.

I understand that the organisers are not responsible or liable for any injury or loss or damage to personal effects unless occurring as a direct result of their negligence.

<b>SIGNED by Parent/Guardian</b>		<b>Date</b>	
<b>NAME (Please Print)</b>			
<b>Address</b>			
<b>Contact numbers</b>			
<b>Email address</b>			

**PHOTOGRAPHS & VIDEO RECORDING & EMAILS**

Adventure Unlimited sometimes records our activities using videos or photographs. Images recorded may be used for publicity purposes.

If you do not want your child to appear in images we use please tick this box

If you do not wish us to email you with promotions/special offers, please tick this box

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