**Woodland Xperiences**

**Consent/Data collection Form**

**To be completed for all people participating in activities with Woodland Xperiences.**

**Parents or guardians with legal responsibility for people under 18yrs and those persons legally responsible for vulnerable adults over 18yrs must complete, sign and return this form before any activities. Please give details of the serving member of family if you are a spouse.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Veteran / Participants Details:** | | | | |
| Name: | Rank: | Number: | | |
| Age: | Service: | Date left: | | |
| Reason for discharge if applicable: | | | | |
| Address:  Postcode: | | | | |
| Contact number:  Emergency contact number: | | Email: | | |
| Spouse / Partner / Widow / Child/s Details attending with/without veteran (please circle) :  Name & Address  (To obtain funding long term partnerships must be 12 months or over. This is reflected upon beneficiary registration) | | | | |
| **Medical/Dietary Information**  Have you, or the person you are completing this form for, ever had or currently have any of the following? (delete as appropriate) | | | | |
| Heart problems of any kind? | | | □ No | □ Yes |
| High blood pressure? | | | □ No | □ Yes |
| Recurrent back problems or surgery | | | □ No | □ Yes |
| Epilepsy, seizures, convulsions or medications to prevent them? | | | □ No | □ Yes |
| Asthma, wheezing when breathing or wheezing with exercise? | | | □ No | □ Yes |
| Diabetes? | | | □ No | □ Yes |
| Are you able bodied? | | | □ No | □ Yes |
| Do you regularly take prescription or non-prescription medications? | | | □ No | □ Yes |
| Are you allergic to anything? | | | □ No | □ Yes |
| Are you pregnant? | | | □ No | □ Yes |
| Any other medical conditions that we should be aware of? | | | □ No | □ Yes |
| Are there any additional needs we should be aware of? | | | □ No | □ Yes |
| Are you comfortable to disclose any mental health issues you experience? This is to ensure we can assist with any needs or be aware of anything that may be uncomfortable for you. | | | □ No | □ Yes |
| Details required from above & Dietary requirements: | | | | |

**Acknowledgement of risk:**

There will always be some risk involved in any type of adventurous activity, indeed the benefits of the activity would probably be reduced if these risks were removed. The type of risk is generally confined to the same sort of risks that a person in normal recreation may experience.

We consider the level of risk to be low and reasonable. However, the person completing this form must decide if they consider this reasonable. The Woodland Xperiences approach endeavours to ensure participation in any activity or course is always at the participant’s discretion. The above declaration does not absolve Woodland Xperiences of its “Duty of Care” and other legal responsibilities.

**If you are unable to agree to all the terms and conditions below then you should not participate in this event.**

**I/we declare that:**

1. *I/we wish to participate in the woodland and adventurous activities which have been planned by Woodland Xperiences. By taking part I/we fully understand all the risks involved; that outdoor adventure is hazardous and I/we are voluntarily exposing myself to the risk of personal injury or death to myself or to others and damage to my or others property. Whilst Woodland Xperiences will ensure that each activity and event is organised and implemented with the safety of all team members in mind, but despite this there remains an inherent risk at each event.*
2. *‘It is a condition of your participation of the camp/course, activity, or activities, in which you intend to take part that in that you attend and adhere to all safety briefings for yourself and family members.*

1. *That I/we do not suffer from any medical condition or disability which may make it unsafe for me to participate in any Woodland Xperiences activities. I/we are not taking any drugs or alcohol that will impair my ability to take part, and if I/we subsequently feel that I/we are unable to take part I will inform a member of staff.*
2. *I/we have the consent of my chain of command (where applicable) for the recovery activities that I am undertaking with Woodland Xperiences.*
3. *I/we understand and accept the risks involved with Covid19 and the potential of cross contamination. Woodland Xperiences staff will take every precaution to minimise cross contamination through safe distancing and wearing of face masks and or gloves when possible, due to some activities involve close proximity of both staff and participants.*
4. *I/we acknowledge and accept that this form is governed by and construed in accordance with English law and shall be subject to the exclusive jurisdiction of the English courts.*
5. *Responsibility for Minors- I am the parent or guardian of a minor and accept this activity has a danger of personal injury or death. I/we are aware of these risks and will be responsible for the minor's actions and involvement. (child conduct)*

I/we have read and understand the above statement and I declare that to the best of my knowledge the above information is correct.

I/we have read and agree to the terms and conditions located online or shared by booking organiser.

I/we have read and signed the child code of conduct to those applicable.

I give consent for any emergency treatment or administration of personal medication in the event of an accident.

I/we give consent to giving Woodland Xperiences the above personal information:

I/we give consent to allow my image/story to be used to promote Woodland Xperiences events/activities if applicable:

I/we give consent to giving Woodland Xperiences information about any medical conditions I/we may have:

I/we confirm that any medication that may be required will be available during the activity/event.

**Veteran Name: Date: Signature:**

**Spouse/Partner Name: Date: Signature:**

**Child Name/s: Age/s: Signature:**