



ACTION CHALLENGE

Safety Information

All participants must be included on this form. The form must be completed by a parent or guardian for any participant under 18 years of age. Please note and adhere to minimum height/weight restrictions related to activities.

All Action Challenge activities involve some physical exertion.

The activity you are about to participate in is high risk. Following the safety rules on this leaflet and the information from the instructor advice will reduce that risk. Failing to follow these rules and advice could result in serious injury.

For your own safety & comfort:

- The Zip Wire has a weight limit of 18 stones (114kg). For your own safety, you may be weighed if you appear to approach this weight.
- Climbing wall auto belay device has weight limit of 23 1/2 stone (150kg).
- The Drop weight limit is 20 stone (127kg).
- Some activities will have height restrictions.
- Please be aware that the challenging physical nature of the activity may occasionally result in contact with equipment or harnesses, which might give rise to bruises or other bumps or scrapes.
- **Remove all jewellery and body piercings. (Please do not bring these to the session)**
- Helmets are required on most Action Challenge Activities. If required they must be worn.
- Tie long hair back.
- Please dress appropriately for all weather conditions. Suitable clothing must be worn. (i.e. no skirts). Wear clothes you don't mind getting dirty or even slightly damaged.
- Wear sensible sports shoes. Open toed shoes, croc type shoes, espadrilles or open back shoes must not be worn.
- Bring all medication you may need throughout the activity.
- U8's must be accompanied by a paying adult on Aerial Adventure and Aerial Tree Trekking.
- U10's must be accompanied by a paying adult on Caving Adventure.
- Action Challenge site is a no smoking area.

Note : Whinfell Forest and Longleat Forest do not have toilet facilities within the Action Challenge site.

Declaration for participants over eighteen

I confirm that I have read and will abide by all the information provided on both sides of this leaflet and that the information provided by me is true to the best of my knowledge.

Declaration and consent for Emergency Medical Treatment for participants under the age of eighteen

(To be completed by parent/legal guardian)

I confirm that the participant has read and will abide by all the information provided on both sides of this leaflet and that the medical information provided regarding him/her is true to the best of my knowledge. I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include life saving surgery, or emergency treatment recommended by a doctor or dentist for an acute condition or to alleviate pain.

Center Parcs does not accept any liability for any loss (including theft), damage to belongings or personal injury unless due to our negligence or any other breach of duty.

Name of Participant	Date of Birth <i>if under 18</i>	Age	Signature <i>(Participant/Parent/Guardian where participant is under 18)</i>	Can participants under 18 leave the session alone?	Villa/Lodge/ Apartment Number	Date	Emergency Contact Point for Parent/Guardian of participants under 18
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			
				YES / NO			

**PLEASE READ MEDICAL QUESTIONNAIRE
AND ANSWER QUESTIONS OVERLEAF**



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Medical Questionnaire

Please note that these activities involve some physical exertion.

You must not participate in this activity if any of the following apply to you, without first obtaining your doctor's written approval which we will need to see before allowing you to take part.

- You suffer from heart disease, high or low blood pressure or any cardiovascular problem unless satisfactorily controlled by appropriate medication/treatment.
- Undiagnosed pains in your heart or chest, particularly associated with minimal effort.
- Breathing difficulties, including asthma where this is not satisfactorily controlled by medication.
- Epilepsy where this is not satisfactorily controlled by medication.
- Back pain or limited movement in any joint, particularly where this is made worse by exercise.
- You are recuperating from any serious illness, injury or operation.
- You are currently pregnant or have recently given birth and experienced any difficulties during pregnancy/birth.
- You are taking medication which may cause drowsiness.
- You have frequent episodes of feeling faint or spells of dizziness.
- You are under the influence of alcohol or drugs.
- You suffer from any other condition which increases the risk or severity of injury from impact.

Do any of the above apply to any of your party?

YES / NO (*delete as appropriate*)

If YES, please provide details and please attach any medical consents received from your doctor:

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(Please attach any medical consents received from your doctor.)

Are you aware of any other medical history or disability that may affect your ability to undertake the activity? YES / NO (*delete as appropriate*)

If YES, please provide details:

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Whilst every effort will be made to accommodate your needs, your safety is our first consideration and it may be necessary to review your involvement in the activity.

If you have any concerns upon any of these matters, please discuss these with an instructor prior to arrival for the session.

Instructor Signature:

**PLEASE READ SAFETY INFORMATION
AND SIGN THE DECLARATION OVERLEAF**