



OUTDOOR ACTIVITY CENTRE

Safety Information

Please tick appropriate box

- Adult Quads Junior Quads Paintball
 Segways Laser Combat

Please note that these activities involve some physical exertion.

The activity you are about to participate in is high risk, following the safety rules and advice will reduce that risk, failing to follow these rules and advice could result in serious injury.

For your own safety & comfort:

- Dress appropriately for weather conditions, wear clothing you don't mind getting dirty or damaged
- You will receive a full safety briefing prior to the session
- Open toed shoes, croc type shoes, espadrilles or open back shoes must not be worn
- Bring all medication you may need throughout the activity.
- You may not participate in this activity under the influence of alcohol
- You must follow all instructions given by instructors during the activity.
- Should your conduct be deemed unsafe or unacceptable by an instructor, you will be instructed to cease the activity immediately
- In the event of thunder and lightning, the session will cease until 30 minutes after last thunder or lightning strike.
- All Personal Protective Equipment provided must be worn at all times during the session
- Physical confrontation or contact between players is strictly forbidden and will result in the termination of the session like paintball and laser combat
- U8's must be accompanied by a paying adult.

Paintball

- 12 – 14 year olds must be accompanied by an adult.
- Strict rules apply to the use of goggles in this activity, these must be followed at all times.

Segways

- Maximum weight limit of 18 ½ stone (117kg) / minimum weight limit 7 stone

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.

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			

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.

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



OUTDOOR ACTIVITY CENTRE

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.
- If 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**