

# dallam outdoors

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**Approved by the 'Adventure Activities Licensing Authority'**  
**OUTDOOR EDUCATION CONSENT FORM**

Course..... Start Date.....

Student Name..... Date of Birth.....

I wish .....(name) to take part in this course and agree to his/her taking part in all the activities described in the advert/brochure. I understand the expectations that my son/daughter must follow instructions and behave reasonable at all times. I understand that while the adults in charge of the group will take all responsible care to ensure students' safety and well-being, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

My son/daughter does/does not suffer from any condition (medical, emotional, behavioural), allergies or significant disabilities. **(Please delete as appropriate)**

If so please describe.....

Please give details of any medication they take: .....

**Can your Son/Daughter swim 50 metres? Yes / No (please delete)**

(Please note if the answer is no it will not preclude them from participating)

Home Address.....

Telephone Number.....Work Telephone Number.....

**Emergency Contact Number**

Title (Ms/Mr)..... First Name.....Surname.....

Address.....

Telephone Number.....Spare Number.....

I consent to any emergency medical treatment, including anaesthetic, which may be necessary during the course. I accept that whilst Dallam Outdoors and its employees will take all reasonable care to ensure students safety and well being, they cannot necessarily be held responsible for loss, damage or injury suffered during or as a result of the activities.

Signed.....Date.....

"make every experience count"



Also experts in the provision of:

- BCU courses
- Cave Leader Levels 1 & 2
- REC First Aid 1, 2 & At Work

