

## Consent & Health information for A+ Activities



I give my consent for ....., aged ..... to participate in A+ activities at this event.

Are there any medical issues that A+ staff need to be aware of? **Yes / No**

If yes, please detail: .....

.....

..... (Please use other side of form if required)

The person filling out this form is: (please tick one box)

Participant (over 18)  Parent  Guardian  in loco parentis (teacher, youth worker, carer etc)

**I confirm that I am responsible for the above named and that they are physically fit to undertake these activities.**

Signed: ..... Date: ..... / ..... / 20.....

Contact Name: ..... Emergency Contact Number.....

### Data Protection:

1. We will only use your data to maintain and manage our records in relation to this event.
2. If you have any questions about how we use your data, please email us at [marketing@adventureplus.org.uk](mailto:marketing@adventureplus.org.uk).
3. More details about our data protection policy can be found in our [Data Privacy Notice](http://www.adventureplus.org.uk/PrivacyNotice)  
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