

**LOCH INSH OUTDOOR CENTRE
"NEW YEARS DAY DIP"
CONSENT FORM**



The above event is for participants 16yrs and over, Loch Insh accepts no responsibility for your choice to participate in the above event but fully appreciates your support,

Name: _____ Date of Birth _____ M/F _____

Address: _____ Postcode _____

Tel no: _____ Mobile: _____ Email _____

- I do NOT suffer from any medical condition requiring regular treatment
- I suffer from/allergic to.....and requires regular treatment/specific diet as follows:

In an emergency, if I am not available on the numbers given above please contact the following person:

Name of an emergency contact: _____

Telephone (landline/mobile number): _____ Relationship: _____

Other emergency contact number: _____

**THE ABOVE PARTICIPANT WOULD LIKE TO PARTICIPATE IN THE NEW YEARS DIP WITH
LOCH INSH OUTDOOR CENTRE**

This may involve the use of media recordings (eg video/photography) for our own records, Internet and publicity, including local and national press; the work may be kept for publicity and documentation purposes.

**PLEASE RESPOND TO THE FOLLOWING STATEMENTS & SIGN BELOW:
(Unanswered questions will be treated as a 'Yes' response)**

- I agree to the above participating in the activities & outings: Yes/No

- I am happy for media recordings being taken/used as stated above: Yes/No

- I consent to this information being kept on computer for reference: Yes/No

- I consent to the administration of essential medical treatment as necessary: Yes/No

There may be an element of risk in activities & outings. Loch Insh Outdoor centre has its own public liability insurance cover. It is the responsibility of the individual, parent or guardian to take out additional personal accident insurance.

Name of Participant, Parent/Legal Guardian: _____ Date _____

Signature of Participant, Parent /Legal guardian: _____

Please return to: Loch Insh Outdoor Centre- beach@lochinsh.co.uk