

DISCLAIMER & REGISTRATION FORM FOR ALL ACTIVITIES



Group Name: _____ Town: _____

Arrival Date: _____ Dept Date: _____ No's: _____ U18's: _____ Adults: _____ TOTAL: _____

Arrival Day: _____ Dept Day: _____ Booked: _____

Arrival Time: _____ Dept Time: _____ Office Use: _____

Carlingford Adventure will take every precaution for your safety. When **safety equipment** is provided you must wear/use it. You are asked to give your **full attention to safety briefings and training** and comply with instructions given. **Alcohol is not permitted** on the premises and participants under the influence of alcohol and/or drugs will be asked to leave with no entitlement to a refund or credit. Carlingford Adventure Centre takes no responsibility for damaged or lost property. **By signing below, you confirm and understand that the nature of the activities do incur a risk of injury and death, you assume full responsibility for any risk of harm or injury, which might occur due to the participation in any sport, event or activity.** You release Carlingford Adventure Centre from all liability, costs and damages, which might arise from participation in any Carlingford Adventure sport, event or activity.

Medical Declaration

It is an express requirement that all participants in activities note below any condition, medication, disability (mental/physical) illness, disease or medical condition of which you have suffered or complained of, that could in any manner affect your safety or the safety of others. Your signature confirms your declaration of suitability to participate for yourself or for a participant you are signing on behalf of.

GROUP NO. _____

	NAME OF PARTICIPANT Please Print	EMERGENCY PHONE NO.	AGE IF U18	Signature of Participant (Over 18)		Male or Female		Confident in water? Y / N		MEDICAL/DIETARY
				Parent/ Guardian Signature (Under 18)		M	F	Y	N	
1.	_____	_____	_____	_____	_____	M	F	Y	N	_____
2.	_____	_____	_____	_____	_____	M	F	Y	N	_____
3.	_____	_____	_____	_____	_____	M	F	Y	N	_____
4.	_____	_____	_____	_____	_____	M	F	Y	N	_____
5.	_____	_____	_____	_____	_____	M	F	Y	N	_____
6.	_____	_____	_____	_____	_____	M	F	Y	N	_____
7.	_____	_____	_____	_____	_____	M	F	Y	N	_____
8.	_____	_____	_____	_____	_____	M	F	Y	N	_____
9.	_____	_____	_____	_____	_____	M	F	Y	N	_____
10.	_____	_____	_____	_____	_____	M	F	Y	N	_____
11.	_____	_____	_____	_____	_____	M	F	Y	N	_____
12.	_____	_____	_____	_____	_____	M	F	Y	N	_____
13.	_____	_____	_____	_____	_____	M	F	Y	N	_____
14.	_____	_____	_____	_____	_____	M	F	Y	N	_____
15.	_____	_____	_____	_____	_____	M	F	Y	N	_____

GROUP NO. _____

	NAME OF PARTICIPANT Please Print	EMERGENCY PHONE NO.	AGE IF U18	Signature of Participant (Over 18)		Male or Female		Confident in water? Y / N		MEDICAL/DIETARY
				Parent/	Guardian Signature (Under 18)	M	F	Y	N	
16.						M	F	Y	N	
17.						M	F	Y	N	
18.						M	F	Y	N	
19.						M	F	Y	N	
20.						M	F	Y	N	
21.						M	F	Y	N	
22.						M	F	Y	N	
23.						M	F	Y	N	
24.						M	F	Y	N	
25.						M	F	Y	N	
26.						M	F	Y	N	
27.						M	F	Y	N	
28.						M	F	Y	N	
29.						M	F	Y	N	
30.						M	F	Y	N	

LEADER NAME – PLEASE PRINT	CONTACT NO.	TAKING PART		MALE OR FEMALE		MEDICAL
_____	_____	Yes	No	M	F	_____
_____	_____	Yes	No	M	F	_____
_____	_____	Yes	No	M	F	_____

Instructors Name: _____

Date: _____