



CONSENT FORM

TO BE COMPLETED AND RETURNED ON ARRIVAL

I, AS THE PARENT/GUARDIAN OF _____

GIVE MY CONSENT FOR HIM/HER TO ATTEND THE PROPOSED EVENT.

Throughout their time with us all the participants are expected to listen, and adhere to, the guidance of, and regulations set by our instructors.

While the Camp Wilderness staff are in charge of the party they will take all reasonable care of the attendees, and unless they are negligent they cannot be held responsible for any loss, damage or injury suffered to my son/daughter or their property arising during or as a result of the activity.

*I will inform The Bushcraft Company of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

I give consent for him/her to receive emergency medical treatment, including general and local anesthetic, as is deemed necessary by any medical professional present, should the need arise. I understand that all medicines, including spare inhalers must be handed over to the designated member of our staff on the day of arrival. I understand that all medicines brought by my child must be labeled with full instructions for use.

I confirm that I have given a full and honest account of any dietary and medical needs my child has, including allergies and special needs. I confirm that I have filled out the online booking form honestly and accurately, and I take full responsibility for any medical emergency that is the result of a pre-existing medical condition my child has, which was not mentioned on this consent form.

I give permission for photographs to be taken during the week, and used in company literature.

SIGNED _____

(PARENT/GUARDIAN)

PRINT NAME _____

DATE _____

* Camp Wilderness is a trading name of The Bushcraft Company.