

OVER 18'S

RISK ACKNOWLEDGEMENT AND DISCLAIMER

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING
Minimum Height - 1 metre. Maximum Weight - 120 kg/ 19 stone.

Name of Organiser: _____ (Please sign on reverse of Form)

County _____ Mobile: _____

Where did you hear about us? Repeat Visit Word of Mouth Radio
 Social Media Flyers Other _____

1. I am 18 years of age or over.
2. I do not have any medical condition (including pregnancy) which may be worsened, or increase chance of injury, by participating in the course.
3. Magnets used in our safety mechanisms may interfere with the operation of pacemakers and ICD's. (Farran Wood Course only).
4. I understand that this is a physically demanding activity and accept that there is a risk of injury when undertaking this course and acknowledge that I am responsible for my own safety.
5. I have read and understood the safety notices displayed.
6. I understand that a harness and gloves must be worn at all times and I will not remove or share them with any other person. I understand that I may be liable for any costs incurred due to intentional misuse or damage of equipment.
7. I agree to abide by all safety rules and regulations and to respond to staff members immediately. I agree to leave the course immediately (without refund), if I am directed to do so, due to my carelessness or negligence, tampering with equipment and endangering my safety or that of others.
8. I accept that Zipit Forest Adventures is not responsible for any loss, damage or injury caused during, or connected with, the activities (except those caused by company negligence) and I waive all and any claims against the company in this respect.
9. I understand that anyone deemed to be under the influence of drink or drugs will be refused entry, without refund.
10. I understand that Zipit reserves the right to use any photograph/video taken at the park, for promotional purposes of Zipit Forest Adventures only, without the written permission of those included within the photograph/video.
11. I understand that contact with instructors is necessary whilst being fitted with harness or during assistance. A copy of the company's Child Protection Policy is available on request.

Office Use Only

DATE: _____ TIME: _____ INSTRUCTOR _____

NAMES OF ALL PARTICIPANTS OVER 18

1	Name	Staff Use
I have read, understood & accept all the terms listed overleaf. <input type="checkbox"/>		
Name: _____		
Signature : _____		

6	Name	Staff Use
I have read, understood & accept all the terms listed overleaf. <input type="checkbox"/>		
Name: _____		
Signature : _____		

2	Name	Staff Use
I have read, understood & accept all the terms listed overleaf. <input type="checkbox"/>		
Name: _____		
Signature : _____		

7	Name	Staff Use
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Signature : _____		

3	Name	Staff Use
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8	Name	Staff Use
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Signature : _____		

4	Name	Staff Use
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Signature : _____		

9	Name	Staff Use
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Signature : _____		

5	Name	Staff Use
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Name: _____		
Signature : _____		

10	Name	Staff Use
I have read, understood & accept all the terms listed overleaf. <input type="checkbox"/>		
Name: _____		
Signature : _____		

<i>Office Use Only</i>			
WEBSITE BOOKING REF: _____	STAFF INITIAL: _____		
PAYMENT METHOD: Online <input type="checkbox"/>	Payment Due <input type="checkbox"/>	Invoice <input type="checkbox"/>	
Payment Made <input type="checkbox"/>	Amount € _____	NO. OF PARTICIPANTS <input type="checkbox"/>	