

GROUPS / FAMILIES WITH UNDER 18'S

RISK ACKNOWLEDGEMENT AND DISCLAIMER

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING

Minimum Height 1 metre. Maximum participating Weight 120 kg/ 19 stone. Minimum Age 7

Name: _____

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 and take full responsibility for the child(ren) listed overleaf. I declare that if I am not the parent or guardian of the child(ren), I have authority from the child(ren)'s parents or guardians to sign this form.
- 2 I am not aware of any medical condition of myself or anyone under my supervision (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 and accept 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 and that of the child(ren) listed overleaf.
- 5 I have read and understood the safety notices displayed and ensured that the children under my supervision have also done so.
- 6 I understand that a harness and gloves must be worn at all times and must not be removed or shared with any other person. I understand that I may be liable for any costs incurred due to intentional misuse or damage of equipment, caused by myself or the child(ren) under my supervision.
- 7 I agree to abide by all safety rules and regulations and to respond to staff members immediately and to ensure that the child(ren) listed overleaf also do so. I agree to leave the course immediately (without refund), if myself or any of the child(ren) listed overleaf are directed to do so, due to carelessness or negligence, tampering with equipment and endangering our own safety or that of others.
- 8 I agree to provide active supervision / remain on the same circuit as the children I am supervising and will closely monitor their activity throughout the duration of the visit. I understand that all children under my supervision must be on the same circuit at any one time, and that a lack of supervision on my part may result in the children and myself being asked to leave the course.
- 9 I am aware that as a supervisor, I must listen to the safety briefing along with the children so that I am compliant with all safety guidelines.
- 10 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, for myself and on behalf of the children listed overleaf.
- 11 I understand that anyone deemed to be under the influence of drink or drugs will be refused entry, without refund.
- 12 I understand 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.
- 13 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.

UNDER 18'S

Name	Age	Staff Use	Name	Age	Staff Use
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

OVER 18'S

<p>Name: _____</p> <p>I have read, understood & accept all terms overleaf. <input type="checkbox"/></p> <p>I agree to keep all child(ren) under my supervision within my sight at all times. <input type="checkbox"/></p> <p>Signature : _____</p> <p>Participating <input type="checkbox"/> Supervising <input type="checkbox"/> <i>Staff Use</i> <input style="background-color: #f0f0f0;" type="checkbox"/></p>	<p>Name: _____</p> <p>I have read, understood & accept all terms overleaf. <input type="checkbox"/></p> <p>I agree to keep all child(ren) under my supervision within my sight at all times. <input type="checkbox"/></p> <p>Signature : _____</p> <p>Participating <input type="checkbox"/> Supervising <input type="checkbox"/> <i>Staff Use</i> <input style="background-color: #f0f0f0;" type="checkbox"/></p>
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<i>Office Use Only</i>			
DATE: _____	TIME: _____	INSTRUCTOR _____	
Website Booking ID : _____		STAFF INITIAL: _____	
PAYMENT METHOD:	Online in Full <input type="checkbox"/>	Payment Due <input type="checkbox"/>	Invoice <input type="checkbox"/>
Payment Made <input type="checkbox"/>	Amount € _____	TOTAL NO. OF PARTICIPANTS <input type="checkbox"/>	

7-8	9-11	12-14	15-17	18+