



**Cotswolds Country Park & Beach, Spratsgate Lane, Cirencester, Gloucester. GL7 6DF.
Tel: 01285 770007**

Web: www.head4heights.net Email: info@head4heights.net

HEAD 4 HEIGHTS GUARDIAN DISCLAIMER AND MEDICAL FORM

(To be filled out by group leader and returned prior to the event)

The Head 4 Heights High Ropes course conforms to the European Standard: 12572 for "Artificial Climbing Structures". The Aerial Adventure structure was built by Europe's leading ropes course construction company – RCD. All staff are well-qualified and very friendly and all activities are presented on a "Challenge by Choice" basis. This means that the Head 4 Heights staff are there to make sure that you are safe, have a great time and give you the encouragement you need to do as much or as little as you want. Personal accidental and loss/damage of belongings are not insured. Participants are covered by the company's insurance in the highly unlikely event of negligence by one of the employees.

Your Data

By signing our consent forms, you are giving us your consent to contact you and hold your personal data. You have the right to withdraw or object to your consent at any time by contacting H4H directly on 01285 770007 or by emailing info@head4heights.net. Head 4 Heights will always treat your personal details with the most utmost care and will never sell to other companies for marketing purposes.

Parent/Guardian/Senior Teacher Disclaimer:

I have read and understood the above information. The person/s named below have my consent to participate in Head 4 Heights activities. I am aware that there are minor risks of injury associated with participating in adventurous activities but I am also aware that this person will be under qualified supervision and attached at all times, whilst they are at height, to tested and approved safety systems. I consent to any treatment being given in an emergency. Medical Disclosure: By completing this form I also confirm that I will make Head 4 Heights staff aware of any medical condition that any of the participants may have that may affect their involvement with the activities offered. The group and the parents of the above give permission for Head 4 heights staff to administer First Aid to any injured person and authorise the company to take any person to hospital if required

I consent to Head 4 Heights using photographic media from my session for the purpose of marketing/ social media channels and the Head 4 Heights Website.

Full Name:		Relationship to Participants:	
Signed:		Date:	
1.Name/Age/Sex			
2.Name/Age/Sex			
3.Name/Age/Sex			
4.Name/Age/Sex			
5.Name/Age/Sex			
6.Name/Age/Sex			
7.Name/Age/Sex			
8.Name/Age/Sex			
9.Name/Age/Sex			
10.Name/Age/Sex			
11.Name/Age/Sex			
12.Name/Age/Sex			

*Head 4 Heights Ltd Registered Office:
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