

Group Leader Consent for Activities

The Birmingham Boys and Girls Union t/a Woodlands Adventure and Outdoor Learning is collecting this personal data to enable the participants in your group to benefit from the outdoor learning at Woodlands Adventure and Outdoor Learning and in case of emergency to protect vital interest of all participants and visitors. Woodlands Adventure and Outdoor Learning will not share any of the personal data collected with any other external organisation unless required or permitted to do so by law.

For further details please view our Privacy Policy on the Woodlands Adventure website www.woodlandsadventure.co.uk

Group Name:	
parents/guardians where the participants are under activities and the risks involved in them, and that an	all of our customers we require that all participants (and the age of 18 years) have been made fully aware, and acknowledge of the y special needs and medical issues have been disclosed to the Centre prior y as Group Leader to ensure that this has been provided to Woodlands
Participation Statement;	
people taking part, the Woodlands Adventure team a are extremely low, but the chance of minor injuries (safety as a top priority. Adventurous activities involve some risks for the aim to keep these risks as low as possible. The chances of serious injury bruises, bumps and – less likely – minor fractures) are a possible result Adventure and Outdoor Learning will minimise the actual dangers by:-
 Ensuring activities are within the capabilities of Asking participants to supply any medical condi Ensuring good hygiene standards are kept to en 	propriate qualifications for the activity ticipating ained and suitable for the activity and environment the participants
We can provide an individual consent form template	if you wish to use it. Please contact the office for a copy of this.
affect activities, at least one week before the activity instructor(s), and we will do our best to adapt the se	g us of any medical conditions, learning and behavioural needs that may y sessions commence. We will share this information with the ession(s) to meet the needs of the young person. Failure to provide this commodate all individual needs and participation in the activities. Please separate sheet if you require additional space).
By signing this form:	
	guardians where the participants are under the age of 18 years) are fully and have provided consent for the activities being undertaken.
I confirm that I will provide information abo activities. Please use the form overleaf.	out medical conditions, learning and behavioural needs that may affect
Signed	Date

Participants Name	Medical condition, learning or behavioural need (please provide as much information as possible)