

Please read the below Health Declaration, which confirms you are allowing the named person/s below to attend and use all facilities at Blacklight Adventure on Friday 7 February between 6.15pm and 10pm.

Adventure based activity is a physically active experience. Participation in this activity is purely voluntary. It is the responsibility of the customer to ensure that he / she is medically fit and able to take part in all activity within Blacklight Adventure.

We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation.

Participant may not participate in the programme if he or she has any medical (mental or physical) condition which may induce risk to him or herself or to other participants or staff. If you are in any doubt about your ability to participate, we advise you to speak to a member of staff.

By signing our Health Declaration Confirmation Document, the participant or responsible parent or guardian acknowledges there are no known health issues, medical concerns or conditions unstated which could interfere with the safety of the participant or the safety of others in this activity.

Additionally, by signing the Health Declaration Confirmation Document, the participant or responsible parent or guardian acknowledges that they have received, read fully and agree to comply with the Terms and Conditions of Hire and Customer Charter as laid down. This can be found by visiting; leisureardsandnorthdown.com/membership/admissions-policy.

I understand that the teachers and members of the school PTA's present during this event will be responsible for the climbers in their care during the event.

Please note that Blacklight sessions expose participants to UV light and this may be a risk factor to those with photosensitive epilepsy.

Please sign our Health Declaration Confirmation Document to allow your child/children to participate in the session listed above.

Child / Children's Names: _____

Your Name: _____

Contact Number: _____

I consent that I give permission for my child/children to use all activities within Blacklight Adventure during the dates and times above and understand members of the school PTA's and teachers will responsible for them during the event.

Signed: _____ Dated: _____