**Medical Consent form 2025**

Name of participant ……………………………….. Date of birth …………………

School / group / course Name …………………………… Date(s) of visit ……………..

Emergency contact: Name …………………….. Telephone number ……………….

**Tell us about yourself**

Please provide details of any disability, illness or injury which may affect participation in activities. Please add any further information which will help us ensure you have a positive experience. Continue on a separate sheet if necessary.

**ACTIVITY SPECIFIC**

*Water*

How would you rate your confidence in the water? Please tick one of the following:

I can swim 50m and I am water confident 

I am water confident and can swim, but I’m not sure how far 

I am a non-swimmer and/or may not be confident in the water

*Rifle Shooting*

For air rifle target shooting, please tick to confirm that you are not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968 YES NO

*Weather*

If it is considered necessary, do you agree to hypo-allergenic sun screen being provided? YES NO

**PHOTOGRAPHY & MARKETING**

QE2 Activity Centre occasionally take photographs or videos of participants. May we use images of you for publicity purposes including our website and social media? YES NO

**CONFIRMATION AND CONSENT**

I consider myself able to participate in the activities at QE2 Activity Centre. YES NO

**Participants signature …………………………….**

**(parent/guardian if under18)**

**Print name………………………………………. Date………….…….**

**The information that you have provided will only be used in connection with your visit to QE2 Activity Centre. It will only be retained for as long as it is needed to ensure the safety of those attending and for the investigation and reporting of incidents. It will be securely disposed of afterwards in accordance with GDPR 2018**