

Consent Form 2020



PARTICIPANTS DETAILS

PARTICIPANTS ADDRESS

Surname		Road	
Other names in full		Village	
Date of birth		Town	
Age if under 18		County	
		Postcode	

I, the parent / the guardian of * give permission to the members of staff of Platty + on site during the period

DATE OF THE ACTIVITY

to administer any relevant treatment or medication to the named participant, when/if necessary.

It is your responsibility to inform Platty + of any pre-existing medical conditions, physical or psychological disabilities or an inability to swim that may affect the participant during the activities associated with the training programme or event they are taking part in. Please provide details below. This information will be shared with the staff involved in looking after the participant.

In addition, if the case arises, I authorise the members of staff of Platty + to take the above-named participant to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

Platty+ Ltd
Inkwell Cottage, Torpenhow, Wigton, Cumbria, CA7 1HT
016973 71069

jplatt@plattyplus.co.uk

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RESIDUAL RISK ACCEPTANCE

I accept that there is a potential risk of injury to participants in the activities that Platty + offer that cannot be entirely eliminated.

PHOTOGRAPHY

Platty + often records participants' achievements using digital images and video. We may use these images to promote water sports activities. Please indicate your wishes on photography below. Your refusal will prevent anyone in the group from being photographed, which means that they do not have a record of their activity. I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the activity. I agree to notify Platty + of any relevant changes in circumstances. I confirm that the participant is not under a court order.

I GIVE my permission for images of my child been taken		I REFUSE permission for images of my child been taken	
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CONSENT

GIVEN BY MYSELF as above or PARENT or GUARDIAN-* delete as appropriate

Surname		Home Telephone	
Other names in full		Work Telephone	
Road		Mobile Phone Number	
Village		Doctors Name	
Town		Doctors Telephone	
County			
Postcode			

SIGNATURE

Signed		Date	
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All information gathered will be processed according to Data Protection Regulations. You can download our Client Privacy Policy @ <http://plattyplus.co.uk/useful-info/>

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Registered in England and Wales No. 4454163

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