Party Consent Form

I acknowledge that activities at the Centre are inherently emotionally and physically challenging, and that there is a risk of injury when undertaking the activities. In the unlikely event of an accident to myself, or to a child in my care, or damage to personal effects belonging to either, I acknowledge that the Company will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with, the activities (except for death or personal injury caused by the company's negligence) and I waive all and any claims that I (or the child) may have against the company. I understand that if I, or a/the child(ren) in my care disregard these Instructions I and/or the child(ren) may be removed from the Activity and will not be entitled to any refund.

Children must be at least 7 years old for the following party activities: Aerial Trekking and Powerfan Drop, Climbing, Bushcraft, Archery, Zip Wire, King Swing, Nerf Combat and Medieval Combat. Children must be at least 5 years old for Rookie Trekking, and 9 years old for Splatmaster. Maximum weight for harnessed activities is 120kg.

I confirm that neither I (nor any child in my care) have any physical or medical restriction that might affect our ability to undertake the activities safely. I do not exceed the maximum weight for the Activity I am participating in (maximum weight for all harnessed activities is 120kg). By signing this form I acknowledge that photographic images or videos may be taken during activities and consent to their use for marketing purposes and social media, unless otherwise stated (on the back of this form).

I, the undersigned, have read and understood the above, and sign for and behalf of the party for which I booked the activities/the party I am accompanying. I declare that if I am not the parent or guardian of any child(ren) I am accompanying, I have authority from the child(ren)'s parent or guardian to sign this form on their behalf.

Participant's name	Age if under 16	Name of Parent/Guardian or other signatory	Signature	Date

To be filled in by Instructor/Office: Activities…… Date of Session…… Time of Session……

Signature…….