**Activity Consent/Medical Form**

**This form must be completed by all participants, and signed by the relevant Parent/Carer for all young people under 18 years old, and returned to the Marine Activities Centre prior to participating in any activities.**

**Details of Participant:** (BLOCK LETTERS PLEASE)

**Full name ............................................................... Male/Female ……… Date of Birth ................................**

**Address...................................................................................................................................Post Code.............................**

**Home phone: ....................................... Mobile ...................................... Email ...............................................................**

**Emergency contact: ………………………………….. Telephone Number(s): ………………………………………………..**

**Address if different to above: ……………………………………… Doctor’s Name: ……………………….........................**

 **…………………………………………………………………………… Surgery Name: …………………………………………**

|  |  |  |
| --- | --- | --- |
| **Have you ever had or do you have?** | **Yes****or** **no** | **IMPORTANT:** if you answer ‘yes’, give details, including dates,(use back of form if necessary) |
| 1 | Heart trouble, angina, raised blood pressure? | Y N |  |
| 2 | Asthma, bronchitis, tuberculosis or other lung condition? | Y N |  |
| 3 | Diabetes? | Y N |  |
| 4 | Epilepsy, fainting attacks, migraine, severe head injury? | Y N |  |
| 5 | Nervous illness, depression or a psychiatric condition? | Y N |  |
| 6 | Allergic reaction (e.g. hay-fever, to medication or insect bites)? | Y N |  |
| 7 | History of broken bones, muscle or tendon/ ligament damage? | Y N |  |
| 8 | Hearing or visual impairments? | Y N |  |
| 9 | A tetanus injection? If so, state date of most recent? | Y N |  |
| 10 | Disability? (learning, autisium, physical) | Y N |  |
| 11 | Do you have, or suffer from any other diagnosed condition? | Y N |  |

**Physical Fitness & Safety**

In the interest of safety, those taking part in all water-based courses **MUST be confident in water**. Activities are “risk” sports, and the activities can be physically demanding, therefore a satisfactory state of health is essential. The participant must ensure that they are fit enough to undertake the activity. If you are in any doubt about your /their fitness please consult with your doctor beforehand.

For water-based activities we suggest clothing which is warm and comfortable. We recommend that a number of thin layers are the warmest option and that if you are expecting to be wearing a wet suit you bring either swimwear or undergarments and a long sleeved top (preferably of synthetic material). Always bring *at least* one spare set of clothing and a towel. For non -immersion activities, if you have waterproof clothing bring it with you. Denim jeans are not suitable for any water based activity. Footwear should be flat-soled shoes or old trainers (not latest designer trainers) which **will get wet if the activity is water-based**.

All participants on activities must comply with the Centre safety regulations and follow instructions from the Centre staff. I do, however accept that the person in my care may be returned home, and/or asked not to attend again, if in the opinion of the Centre staff, they have behaved in a way which is unacceptable to the Marine Activities Centre. The Marine Activities Centre (Sunderland), MAC Trading Ltd., or their agents are not under any liability whatsoever in respect of personal injury, loss or damage incurred, while participating in the activity, except where caused by our negligence. Please make sure that you or they do not bring any expensive items of jewellery or personal belongings with them, as the MAC cannot be held responsible should they become lost or damaged.

In the event of the person in my care being taken ill or injured during an activity, I authorise the Centre staff present to sign on my behalf any forms of consent (which may include anaesthetics) required by the medical authorities, provided that the delay required to obtain my own signature might be considered likely, in the opinion of the doctor or surgeon concerned, to endanger the health or safety of the person in my care.

I confirm that I have read and understood the above statements, and that all information provided is correct. I consent to the above named participating in the following activities at the MAC: Canoeing, Kayaking, Surf Sports, Climbing, Abseiling, Coasteering, Gorge Walking, Bell-boating, Sailing, Problem Solving Games (delete non-consent items).

COVID19:

While much uncertainty and apprehension around COVID-19 remains, we do know that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It may also spread by touching a surface or object that has the virus on it, then touching your mouth, nose, or eyes. Some evidence suggests that COVID-19 can live on certain surfaces for several days.

We have implemented various preventive measures aimed to reduce the risk of the spread of COVID-19 among our Staff and clients in-line with government advice.

By signing below you are accepting that a risk is present, and that you do not have/had symptoms in the last 14 days.

Parent/Carer/Participant Name (as appropriate) .......................................................................... Date ...............................

Signed ............................................................... (This needs to be the parent/carer signature if participant is under 18yrs)

Very occasionally we have publicity photographs of Groups taken for marketing purposes. Please indicate below if you **do not** want the above young person to be included in these photographs.

I do not want the above named person to be

included in MAC publicity photographs, Signed: Parent/Carer, Date: