

**Group consent form for 8-16 year olds under the direct and official guardianship (*in loco-parentis*) of a school or other official education body.**

Parent/guardian consent for a minor to take part in climbing and caving at Craggy Island. This form must be completed in BLOCK CAPITALS PLEASE.

course/activity	date/s
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name of school
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type of ID provided
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**parent/guardian's details:** I confirm that the persons stated are under 17 years of age

full name of *loco-parentis* person

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address of *loco-parentis* person (if school - that address)

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postcode

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tel. number

email

**participant's details:** full names, use 2nd form if necessary

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We will accept a list of names on school letterhead, please attach to this form

details of any special medical conditions, allergies and any current medication
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**climbing participation statement:** "The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

**caving participation statement:** "The participant recognises that indoor caving is an activity with a danger of personal injury or death. Participants in this activity should be aware of and accept these risks and be responsible for their own actions and involvement. The participant also recognises that the caving system is unlit, has sections of restricted width/height and is an enclosed environment."

I HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION STATEMENT AND AGREE TO THE TERMS AND CONDITIONS OF CRAGGY ISLAND AND CONSENT TO THE ABOVE NAMED PERSONS CLIMBING AND CAVING SUPERVISED AT THE CRAGGY ISLAND SUTTON VENUE. I HAVE ENSURED THAT THE NAMED PERSONS UNDERSTAND THAT WHEN PARTICIPATING IN THE APPLICABLE SPORT, ANY INSTRUCTIONS GIVEN BY CRAGGY ISLAND STAFF MUST BE ADHERED TO AT ALL TIMES. I UNDERTAKE TO INFORM CRAGGY ISLAND OF ANY HEALTH OR MEDICAL ISSUES TO BE AWARE OF IN THE NOTE BOX ABOVE (CONTINUE ON EXTRA SHEET IF REQUIRED)

name (*loco-parentis*)

signed

date

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