

# parent / guardian consent form

(confidential)



Our challenges are open to people over the age of 18. 15-17yr olds may also participate in a challenge with the agreement of their parent or guardian. Minors must also be accompanied by a parent or guardian on the challenge who is of legal age and who agrees formally to take responsibility for you whilst on the challenge. Your parent and guardian must complete and sign this form and return it to us as soon as possible. All information given on this form will be held in confidence.

challenge name \_\_\_\_\_ challenge departure date \_\_\_\_\_

name of participant \_\_\_\_\_

daytime telephone number \_\_\_\_\_ date of birth \_\_\_\_\_ age \_\_\_\_\_

doctor's name \_\_\_\_\_ doctor's address \_\_\_\_\_

name of person on the challenge who will act as your guardian \_\_\_\_\_

## parental consent

1. I understand that the challenge \_\_\_\_\_ (name of young person) is applying to participate on is challenging and requires him/her to be in good physical condition by the departure date.
2. I agree to him/her participating in the challenge detailed above.
3. I have read through the Booking Form and the Booking Conditions, and the information regarding the nature of the challenge and I understand what will be involved. I agree to the terms of the Booking Conditions on behalf of my son/daughter.
4. I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and other insurance and safety measures have been taken. I understand the extent and limitation of the insurance cover provided.
5. I agree that my son/daughter shall participate on the challenge without any liability whatsoever on the part of Charity Challenge or its suppliers or subcontractors in respect of any injury, loss or damage suffered by him/her, provided that this does not exclude the liability of any such party for death or personal injury arising from that party's negligence.
6. All of the personal information provided on the Booking Form is to the best of my knowledge, true and correct.
7. [If the challenge guardian differs from the person signing this section of the form] I confirm that I am satisfied that the chosen guardian accompanying my child throughout the duration of the challenge is responsible and able to make all required decisions on behalf of my child. I confirm that I have given them the authority to do so.
8. I consent to any emergency treatment necessary. I therefore authorise the person acting as guardian (detailed above) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the Doctor or Surgeon concerned, likely to endanger my son / daughter's health or safety. In the absence of the guardian, this authority will fall to the challenge leader.
9. I will clearly mark up any medicines that my child needs with their name and the dosage required.
10. I will notify Charity Challenge and the person acting as Guardian (named below) if any of the information on the Booking Form changes before the departure of the challenge.
11. I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in the challenge.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

## challenge guardian consent

1. I undertake to act as the guardian for the duration of the challenge on behalf of the young person named above, who is under 18 years of age.
2. I acknowledge, that should I be injured and/or unable to continue with the challenge, that the young person will have to sit out of the activities for as long as I cannot participate, and I acknowledge that should the young person be injured and/or unable to continue, that I must accompany them at all times even though this means that I may no longer participate in the challenge.
3. I have seen and have a copy of the Booking Form completed by (name of young person) \_\_\_\_\_ and I am aware of the relevant information (i.e. medical, next of kin, etc).

signature \_\_\_\_\_ print name \_\_\_\_\_ date \_\_\_\_\_