

Lasergaming UK Ltd - High Ropes Oxford Ropes Course Disclaimer – Under 18's

This disclaimer form covers all the following activities:
High Ropes Course – All zones & Powerfan Experience

That is provided at Furze Brake Woodland, Culham Oxfordshire OX14 3DA.

The Parents/Legal Guardian of the child named below must fill out this form. NO FORM – NO PARTICIPATING

Child's Full Name: _____ Age _____

Child's Full Address _____
_____ Post Code _____

Parents Home Tel No: _____ Email address for offers _____

Child's D/O/B _____ Attending a session on (Date) _____

Person to contact in an Emergency _____ MobTel No: _____

Medical Statement to be completed by parents/legal guardians for child named above. Please circle answers.

Is your child Fit and Healthy and able to participate in the named activities? YES NO

Please answer the following questions by circling the answer, if you answer yes to any of the questions; please provide further details below in the space provided or please call us to discuss if your child can take part on **01865 727378.**

Does your child have any conditions that require treatment or Medication? YES NO

Does your child have any of the following?

- | | | |
|---------------------------------------|-----|----|
| • Any Major illness | YES | NO |
| • Blackouts/Headaches/Dizziness | YES | NO |
| • Allergies to Bites/Food or medicine | YES | NO |
| • Asthma*see below/Bronchial illness | YES | NO |
| • Pregnancy | YES | NO |
| • Recent injuries/operations | YES | NO |
| • Recent injuries/operations | YES | NO |
| • Epilepsy | YES | NO |
| • Diabetes | YES | NO |
| • Heart complaints | YES | NO |
| • Back/Neck complaints | YES | NO |
| • Food Allergies ** see below/ | YES | NO |
| • Learning disabilities | YES | NO |
| • Physical disabilities | YES | NO |
| • Any other | YES | NO |

Please note that if your child has any allergies to insect bites or recent operations/neck and back injuries please call us before the session date.

*Please note that we cannot allow participants with Asthma to participate if they are not carrying an inhaler with them in the event they may need it.

Please note **all participants need to be 140cm in height and Minimum age of 10 years old.

Any other Information _____ please continue overleaf

Disclaimer Notice – MUST BE COMPLETED BY PARENTS OF CHILD NAMED ABOVE IN ORDER TO TAKE PART

High Ropes Oxford is a trading name of Lasergaming uk Ltd. Our activities named above are physical, outdoor, all weather, cha;enging activities at height, which obviously has inherent hazards, associated with it. Whilst Lasergaming UK LTD takes all necessary precautions to try and ensure safety of all participants, unfortunately Accidents, trips, Sprains, collisions may occur in consequence. Our activities take place in woodland with tree stumps, uneven & Slippery ground, surfaces, loose branches, Roots, dead wood, props, Mud, and structures in all weathers, in the day and at night. We have elements such as zip slides, tarzan swings, landing zones.. Each Participant should familiarize themselves with the hazards and try and minimize these as much as possible by complying with our risk management guidelines, Safety briefs, instructions and guidelines. Please ensure all participants wear suitable clothing. The management accepts no responsibility whatsoever for any loss or injury Resulting from any person's involvement in any of our outdoor activities named above. Furthermore, it is understood and agreed that Individuals participate at their own risk. For under 18's, we require a parent to sign this disclaimer. I confirm that the above named child is under 18 but over 10 years old and that the child is 1m 40cm or over. I wish the above child to participate in the Service organised by the Company. I understand that the Service requires a moderate level of fitness and is physically testing. I accept that there is a risk of injury when undertaking such activities. I confirm that I do not know of any medical condition that my child suffers from which might have the effect of making it more likely that my child be involved in an incident, which could result in injury to themselves or others. I acknowledge the person responsible for my child(ren) will ensure the service is carried out in accordance with the specific safety instructions provided by the instructor before the service commences and acknowledge that the service will be undertaken without direct supervision from the course instructors following the safety briefing and therefore agree that the adult bringing my children will supervise them throughout the course and ensure all safety instruction is carried out and all protective equipment is worn correctly. I acknowledge and confirm that I have read and understood the Company's Terms and Conditions, Safety Instructions and Disclaimer and I accept the terms contained therein. Photographs may be taken during the session and these will be used for marketing our services. I declare that if I am not the parent or guardian of the Child, I have authority from the Child's parent or guardian to sign this consent form and **I consent to emergency medical treatment being given if deemed necessary during the activity**

Signed _____ Print Name _____

Date: _____