# GROUP LEADER'S RISK DECLARATION FOR SCHOOLS AND YOUTH GROUPS 

## Group name

## Date of booking

For multiple dates please provide the dates, date range or date frequency of your bookings


#### Abstract

I will ensure the parents or guardians of all participants have accepted the following risk declaration I understand outdoor activities have an inherent level of risk which however small cannot be eliminated entirely. I accept these risks and will follow all safety guidelines and advice. To the best of my knowledge I have no medical condition or special needs that may make me more susceptible to sustaining an injury or being a risk to others. I will comply with all instructions given by Mendip's team and authorise them to take appropriate emergency action if required. I accept that Mendip Activity Centre is not responsible for loss or damage to any personal possessions, valuables or clothing. I am aware of the risk of ticks and will check for tick bites upon return.


| I agree to the following and have easily accessible medical details of all participants |
| :--- |
| We must be advised of any serious medical conditions or disabilities prior to the event. If participants are not sure about their |
| fitness to take part then they must get their Doctor's advice. We must also be made aware of any medication being taken. We will |
| not prevent anyone from taking part in an activity unless it endangers themselves or others. For air rifle sessions, if any participants |
| have a criminal conviction then we must be contacted before attending. We cannot take responsibly for any personal possessions, |
| valuables or clothing left in vehicles or at any of our activity locations or accommodation. |

I will ensure participants are aware of the kit list, are suitably dressed with a change of clothing
Correct clothing and footwear must be worn as per our kit list. Instructors reserve the right to remove participants from the group if
they do not have the correct kit. This is for their safety and comfort. We may need an indication of size when providing equipment.
Let us know about any special sizing needs.

I accept Mendip may not be able to cater for all dietary needs and allergies without at least 1 week's notice
Initial

| I have express, written permission from all participants parents or guardians consenting to participation |
| :--- | | I am fully authorised to make this declaration on behalf of the group named above and confirm that I have read and |
| :--- |
| accept the information above. |
| Signed |

Please use the reverse of this form for any additional information

