



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

SAFEGUARDING

Participant details

First name

Last name

Address

.....

.....

Date of Birth

Age during activity

Has approval to participate in

..... from/...../..... to/...../.....

AGREEMENT

I understand that participation in wheelchair rugby activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have been fully informed and carefully considered the risk involved and hereby give my consent for my child to participate in this activity. I have been provided with safeguarding contact details for this activity and am aware of the measures in place to promote and safe and enjoyable experience for my child. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Great Britain Wheelchair Rugby, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organisations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for to be taken to an appropriate medical facility for assessment and treatment.

Participant's signature Date

Parent/legal guardian name
(printed)

Parent/legal guardian signature Date

Telephone number Email

Contact GBWR with any questions: Daniel Hook, Corporate & Membership Secretary
Tel: 0208831 7645 E-mail: danielhook@rfu.com

