

ATTITUDE MATTERS

Heads UP Consent Form

Child's Name:

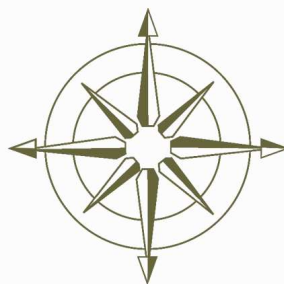
I agree to my child participating in the Heads UP programme in any or all of the activities described.

My child is of sufficient physical fitness to participate in the course. I recognise that there are safety and behaviour policies set out by Heads UP with which my child is expected to abide. I recognise that the course has inherent physical risks, as a result of participating in outdoor activities; that Heads UP instructors and assisting instructors will not be liable to my child now or at any time in the future for any loss, expense, damage or claim that I might have against them for any personal injury or damage to my child's property as a result of such participation in the course.

I agree to my child receiving emergency medical treatment, including anaesthetic as considered necessary by the medical authorities present.

Parent/ Guardian

Signature



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Heads UP Emergency Contacts

These contacts are for the Heads UP programme day, and the named people need to be available.

Name:

Phone:

Mobile:

Name:

Phone:

Mobile: