



## Robins Reach Archery Consent Form V1.0

To be completed by all activity participants

- 1) I am over 18 years of age.
- 2) If signing on behalf of children under 18 years of age, I confirm that I am the legal parent or guardian and I wish for them to participate in the activities provided by Robins Reach Archery and accept the risks involved.
- 3) If I am not the children's legal parent or guardian I state that I have the authority of the parent or guardian to sign this consent form on their behalf and that they accept the risks involved.
- 4) I understand that shooting a bow and arrow carries an inherent risk of serious injury and/or damage to property. Examples of such risks could include but are not limited to: getting hit by an arrow, carelessness of others, splinters from breakage of bow or arrow, improper technique, string whip on the arm, injury when withdrawing arrows from the target and other unforeseen risks.
- 5) To reduce the risks, I agree to obey the rules of the range and follow instructions given by members of staff. I will ensure that all children under my care will follow the same rules and obey instructions given by members of staff.
- 6) I accept that I am responsible for my own safety and behaviour, and that of any children that I have accepted responsibility for.
- 7) If I am supervising children I acknowledge that I am expected to assist the children in my care during the activities.
- 8) I acknowledge that Robins Reach Archery staff are not medical experts and are not in a position to give medical advice. By signing this waiver, and to the best of my knowledge, I have declared myself, and/or the children in my care, free from any medical condition that could make sustaining an injury more likely.
- 9) In the event of an accident, loss, damage to property, injury to myself or children in my care, I agree to waive all claims against Robins Reach Archery and its company Big Top Group Ltd in respect of myself and the children in my care.
- 10) I am not under the adverse influence of alcohol or drugs
- 11) I acknowledge that I, and any children in my care, understand and accept all risks associated with the activity and the wish to participate.

If under 18	If over 18 <i>or signing for the child stated on the left</i>
First Name/s _____	First Name/s _____
Surname _____	Surname _____
Address _____	Address _____
Town / City _____	Town / City _____
Post Code _____	Post Code _____
D.O.B _____/_____/_____	Phone _____
Emergency Contact <i>If different than stated on the right</i>	Email _____
Full Name _____	Sign _____
Relationship _____	Date _____/_____/20____
Phone _____	
Email _____	

### **Marketing communications disclaimer is overleaf**

Marketing Disclaimer

I wish to receive communications containing news, offers, discounts and events by the following methods:

Text  Post  Email

Or

I DO NOT wish to receive any future marketing communications