



TREETOP CHALLENGE

SUNDOWN ZIPS

Brief time	
Date	
Instructor	

RISK ACKNOWLEDGEMENT & DISCLAIMER

THIS IS AN IMPORTANT DOCUMENT: YOU MUST READ IT BEFORE SIGNING

1. I am 16+ years old and wish to undertake the Treetop Challenge organised by Go Ape.
2. If assuming responsibility for the supervision of any under 16 year olds (children) in this agreement I declare that I am aged 18 years or older.
3. I understand that the Treetop Challenge consists of a physically demanding aerial obstacle course and that there will be a risk of injury when undertaking it. For example, legs can be vulnerable to injury on zip wire landings and hands can be injured on Tarzan Swings.
4. To reduce the risks I agree to follow all the instructions set out in the Safety Rules that I have received with this document, along with all instructions to be given to me by Go Ape staff before and during the Tree Top Challenge.
5. I agree that I am responsible for any children in my care and undertake to ensure that he/she/they read, understand and will follow the instructions set out in the Safety Rules and oral instructions mentioned above.
6. I declare that if I am not the parent or guardian of the children I have the authority of their parent or guardian to sign this risk acknowledgement and disclaimer.
7. In the event of an accident, or loss or damage to personal effects to myself or the children in my care, I acknowledge that Go Ape will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Treetop Challenge (except death or personal injury caused by Go Ape's negligence) and I waive all and any claims against Go Ape in this respect both for myself and/or for the children in my care.
8. I certify that to the best of my knowledge neither I nor any children in my care have a medical condition which might make me or him/her/ them more likely to sustain an injury. To the best of my knowledge I and any children in my care are not pregnant.
9. I confirm that I am not under the influence of drink or drugs.

I acknowledge that I and the child(ren) in my care (if applicable) have received, read and understood a copy/copies of the Safety Rules in relation to the Activity.

No.	Print full name	Age	Signature of adult/supervisor	Staff use
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

SAMPLE

Privacy Notice: We do not share the information on this form unless there is an incident that needs to be investigated, in which case we may need to share it with, for example, parents of a child participant, solicitors, insurers or other agencies as the situation may require. See our full Privacy Notice at goape.co.uk/privacy

G B+ B- TOTAL CHECKED BY ABORTS