

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 Zip Trek, organised by Go Ape.
2. If assuming responsibility for any under 16 year olds (children), to accompany and supervise, I declare that I am aged 18 years or older.
3. I declare that if I am not the child(ren)'s parent or guardian I have the authority of their parent or guardian to sign this risk acknowledgement and disclaimer.
4. I understand that the Zip Trek consists of a physically demanding aerial zip wire 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.
5. To reduce the risks I agree to follow all the instructions set out in the Safety Rules that I have received with this document as well as with all instruction to be given to me by Go Ape staff before and during the Zip Trek.
6. 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.
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 Zip Trekking Adventure (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 that 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

A Y C TOTAL CHECKED BY ABORTS