



# TREETOP CHALLENGE

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. 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. I understand that should I disconnect from the safety system I am at risk of a fall from height. Adults supervising participants are responsible for ensuring participants under their supervision are using the methods of attachment provided in accordance with the Safety Rules. However, as with any physical activity there remains a degree of risk even where the Safety Rules are followed, and the Activity can be physically, mentally and emotionally demanding.
3. To reduce the risks, I agree to read and follow the instructions set out in the Safety Rules and follow all instructions given to me by Go Ape staff before and during the Treetop Challenge.
4. 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.
5. I declare that if I am not their parent or guardian, I am aged 18+ and have the authority of the parent or guardian to sign this risk acknowledgement and disclaimer.
6. 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.

**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				
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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](http://goape.co.uk/privacy)

S  A  16-17  13-15  U12  TOTAL  CHECKED BY  ABORTS