

ODYSSEYADVENTURE

Adventure Activity Registration and Acknowledgement of Risk

Activity and venue	TEES TRANSPORTER ABSEIL - MIDDLESBROUGH		
Activity date			
Name			
Date of Birth if under 18		Weight (limit is 18st)	
Address			
Contact email address			
Phone number			
Emergency contact / phone			
Please state any medical, physical or diagnosed condition that in your own opinion or that of your GP may cause you difficulty or prevent you from carrying out this activity (continue overleaf)			
Adventure activities suc death. Participants or Pa these activities should b their actions and involve	arents/Legal be aware of a	Guardians of under 18	year olds participating in
By signing this form I cont that my personal safety or activity as instructed. I co	r that of my cl	nild may be at risk if I/they	do not carry out the
I consent to activity relate media pages and website		s to be posted by Odysse	y Adventure on our social
I ACCEPT THAT TAKING A MOBILE LOSS OR DAMAGE AND I ACCEPT ANOTHER PERSON'S POSSESSION	FULL RESPONSIBI	LITY IF THIS SHOULD OCCUR WHE	
Signature: (Parent/Legal Guardian to	sign for und	Date: er 18yrs)	
Parent/Legal guardian na	me	Phone	