

## Weymouth Outdoor Education Centre

Knightsdale Road, Weymouth, Dorset, DT4 0HS

Tel: 01305 784927 Fax: 01305 766362

Email: woec@dorsetcc.gov.uk

### Individual Booking / Consent Form

This form must be completed and returned to WOEC before the course.

Surname: ..... First name: .....

Address: .....

County:..... Post code:.....

Age: ..... Date of Birth: .....

Tel Home: ..... Tel Mobile: .....

E Mail: .....

Course dates:.....

Course title:.....

Please provide details of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep you or the participant safe. Please also provide any other information that may affect the safety of you or the participant or any other persons and/or the organisation and success of the event:

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#### Swimming Ability (please tick one):

Water confident  Nervous in the water

#### Data protection

Dorset County Council is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals.

The information you supply is being collected for the purpose of gaining your consent. When you sign or complete this form you are providing your consent to Dorset County Council holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

#### Acknowledgement of risk

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level. To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. Details of planning and risk assessment are available on request.

#### Consent declaration

I have received full details of the event and am satisfied with the arrangements. If applicable (for under 18s) I have legal responsibility for the named participant and give consent for him / her to take part in the proposed event or any alternative activity provided by WOEC (e.g. because of poor weather).

I give consent for me or the named participant to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

Any other information that may affect my safety or the safety of the participant or any other persons and/or the organisation of the event has been provided to the organiser.

Print Name: .....

Signature & Date: .....

Emergency contact no during course; .....

Relationship to child/young person: .....  
(if applicable)

