

# Dorking Snorkelling Club

## Parental Consent Form for a child to take part in an Open Water Snorkelling Lesson or Expedition

A Snorkelling Open Water Lesson, Field Trip or Expedition to \_\_\_\_\_, on (day) \_\_\_\_\_ (month) \_\_\_\_\_ 2010.

I wish my son/daughter \_\_\_\_\_ to be allowed to take part in the above mentioned Snorkelling Club Expedition and agree to his/her taking part in the event. I have ensured that my child understands that it is important for his/her safety and the safety of the group that any rules and any instructions given by the Instructors in charge are obeyed.

I understand that, while the club instructors and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the expedition. I therefore hereby agree to indemnify Dorking Snorkelling Club its members and agents against all liability for injury, loss to person or persons including death and damage to property, legal expenses and direct consequential losses or damage due to acts or default of my son/daughter unless the illness, injury or death was due to the negligence of the club or its agents.

Please note that photographs may be taken during the trip and may be displayed on the club website, although no names will be attached to any photograph. Please let us know if you have any issue on this subject

Please give details if your son/daughter suffers from any medical condition which, whilst not affecting his/her ability to take part, you consider that the party leader should be aware of. Please advise us if your son/daughter receiving any medical treatment that the party leader should be aware of, including any medication that needs to be taken?

Date of last tetanus: \_\_\_\_\_

Allergies (e.g. Penicillin) \_\_\_\_\_

I consent to any emergency medical treatment necessary during the expedition

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Address:

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Telephone: \_\_\_\_\_

Alternative contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

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