



**DISCLAIMER FORM**

NAME.....

ADDRESS.....

.....POSTCODE.....

EMAIL.....

CONTACT NUMBER.....

DATE OF BIRTH.....

EMERGENCY CONTACT NAME.....

EMERGENCY CONTACT NUMBER.....

**DO YOU OR HAVE YOU EVER SUFFERED FROM ANY MEDICAL CONDITIONS WHICH MIGHT AFFECT YOU WHILST PARTICIPATING IN SPORT THAT YOU WOULD LIKE THE STAFF TO BE AWARE OF**

.....

**IF YES PLEASE FILL OUT DOCTORS NAME AND MEDICAL PRACTICE INFO**

DOCTORS NAME.....

MEDICAL PRACTICE.....

**THIS CONSENT FORM MUST BE READ, SIGNED & RETURNED TO A MEMBER OF STAFF BEFORE THE SESSION BEGINS.**

**PLEASE BE AWARE THAT BY SIGNING THIS CONSENT FORM YOU ACCEPT THAT THIS IS A DANGEROUS SPORT & RUBICON INDUSTRIES LTD & ALL STAFF CANNOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS OR INJURIES WHILE TAKING PART.**

**I AGREE TO THE TERMS & CONDITIONS.  
(UNDER 16's MUST HAVE CONSENT FROM THE PARENT/GUARDIAN)**

SIGNED.....

*\*if under 16 years of age, the consent below must be signed to receive membership.*  
**I AM THE PARENT/LEGAL GUARDIAN OF THE ABOVE AND I HEREBY GIVE THIS CHILD FULL PERMISSION TO TAKE PART IN THE SESSIONS. I UNDERSTAND THAT THEY ARE DOING SO AT THEIR OWN RISK. I ALSO UNDERSTAND THE RISKS INVOLVED IN THESE SPORTS AND WILL NOT HOLD THE OWNERS RESPONSIBLE FOR ANY ACCIDENTS, INJURIES OR LOSS WHILE THEY ARE INVOLVED.**

**\*NAME (PRINTED).....**

**\*SIGNED.....**