SQUIRREL'S SCRAMBLE WALK IN WAIVER FORM

Statement of Participation and Acknowledgement of Risk Date:

THIS IS AN IMPORTANT DOCUMENT: YOU MUST READ IT BEFORE SIGNING

Every care and attention will be given to the health and safety of participants whilst undertaking activities at Squirrel's Scramble, Killruddery House and Gardens, Bray, Co. Wicklow. I agree and understand that there are potential risks and hazards associated with the activities that cannot be completely eliminated without destroying the activities themselves. By participating in the activities I agree to personally accept these risks and be responsible for my own safety, where it is reasonably expected. By giving consent for a person(s) under my care to participate in the activities I am making an informed judgement as to the suitability of the activities for that person(s). I agree to follow the safety rules and regulations given to me by staff.

In the unlikely event of an incident that causes injury to me or a child in my care or damage to personal effects; I acknowledge that PascoeLang will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with, the activities (except for death or personal injury caused by the company's negligence in their Duty of Care) and I waive all and any claims that I (or the child) may have against the company.

I also understand that the activities may be physically, mentally and emotionally challenging and by signing this Consent Form I agree that I or any person(s) under my care have no physical or medical restrictions which may compromise personal safety, or the safety of others, whilst undertaking the activities. You should seek medical advice if you are unsure about the suitability of participating in ropes course activities.

Photographs and Recording of Images
Squirrel's Scramble (PascoeLang Ltd) may occasionally take photographs and record images of participants during activities for use on social media, websites, marketing and advertising purposes. I consent to the use and re-use of photographs and recorded images of myself and any person(s) in my care (unless stated).

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.

PARTICIPANT NAME	AGE (if under 18)	NAME OF ADULT/ SUPERVISOR	SIGNATURE	TIME