

PARENT/GUARDIAN CONSENT FORM

Participant must be 14 or older to participate.

Participation Statement

"Zip Slides are activities which have an element of risk that are undertaken in a safe controlled environment. Participants in these activities should be aware of, and accept these risks and be responsible for their own actions and involvement."

I confirm that I am the parent/guardian of:

Participant's name: _____ Age: _____

Parent/Guardian Declaration

I have read the 'Participation Statement' above and recognize that the Zip Slide is a potentially dangerous activity.

I give consent for the above to participate in the Zip Slide activities.

I confirm that I have read the above details and accept that:

Neither the operating Company, its employees nor VSA shall be liable for any loss or injury arising from the said person's participation in the Zip Slide. Nothing contained within the terms of this consent shall affect any statutory rights.

SIGNED: _____

PRINT NAME: _____ DATE: _____

RELATIONSHIP: _____

ADDRESS: _____

POST CODE: _____

Use this form for participants aged 14 to 17