

WEST CORK SECRET ADVENTURES

("WEST CORK SECRET")

RISK ACKNOWLEDGEMENT FORM HALLOWEEN NIGHTMARE TERROR TRAIL ("THE TRAIL")

DISCLAIMER

I understand that while the Halloween Nightmare Terror Trail is a spooky fun event organised by West Cork Secret, in the spirit of Halloween, it is a scary event and by participating in same I understand that at times I might find the Trail frightening. *(Required)*

I understand that while the Halloween Nightmare Terror Trail is a spooky fun event organised by West Cork Secret, in the spirit of Halloween, it is a scary event and by participating in same I understand that at times I might find the Trail frightening. I understand that there will be unfamiliar noises and unexpected events/happenings during the course of the Trail, however I wish to participate in the event knowing this. *(Required)*

I understand that there will be unfamiliar noises and unexpected events/happenings during the course of the Trail, however I wish to participate in the event knowing this. I accept I am taking part in the Trail operated by West Cork Secret at my own risk. *(Required)*

I accept I am taking part in the Trail operated by West Cork Secret at my own risk. I accept there are risks and hazards on the site and that the courses are substantial and physically testing. I have listened to and fully understood the safety brief given prior to going on the Trail. *(Required)*

I accept there are risks and hazards on the site and that the courses are substantial and physically testing. I have listened to and fully understood the safety brief given prior to going on the Trail.

I confirm that I will at all times follow the instructions of the instructors and I will agree to conform to all safety rules in force on the site. *(Required)*

I confirm that I will at all times follow the instructions of the instructors and I will agree to conform to all safety rules in force on the site. I agree in particular to not at any time run and to at all times stay on the path within the guide ropes provided for my own safety. *(Required)*

I agree in particular to not at any time run and to at all times stay on the path within the guide ropes provided for my own safety. I further agree not to interfere in any way with the characters/personalities that I might come across during the Trail. *(Required)*

I further agree not to interfere in any way with the characters/personalities that I might come across during the Trail. I acknowledge and understand that I am responsible for the supervision of all children (under the age of 16) who are with me. *(Required)*

I acknowledge and understand that I am responsible for the supervision of all children (under the age of 16) who are with me. I acknowledge and understand that I am responsible for the supervision of all children (under the age of 16) who are with me. *(Required)*

I acknowledge and understand that I am responsible for the supervision of all children (under the age of 16) who are with me.

I accept that West Cork Secret will not accept any liability for any damages to or loss of property during my visit. *(Required)*

I accept that West Cork Secret will not accept any liability for any damages to or loss of property during my visit.

I accept that West Cork Secret will not have any liability for injuries that maybe sustained as a result of participating in any activities or for any injuries that occur while I am a guest of West Cork Secret. *(Required)*

I accept that West Cork Secret will not have any liability for injuries that maybe sustained as a result of participating in any activities or for any injuries that occur while I am a guest of West Cork Secret.

I accept that West Cork Secret will not have any liability for injuries that maybe sustained as a result of participating in any activities or for any injuries that occur while I am a guest of West Cork Secret. *(Required)*

I accept that West Cork Secret will not have any liability for injuries that maybe sustained as a result of participating in any activities or for any injuries that occur while I am a guest of West Cork Secret.

By confirming my consent to participate in the activities, I confirm that I nor any of the children with me have any medical condition which could result in injury to others or myself particularly given the nature of the Trial and activities. *(Required)*

By confirming my consent to participate in the activities, I confirm that I nor any of the children with me have any medical condition which could result in injury to others or myself particularly given the nature of the Trial and activities.

I confirm that if I am not the parent of children in our group, I have authority from the children's parents or guardians to participate in the activities at West Cork Secret and I give their consent. *(Required)*

I confirm that if I am not the parent of children in our group, I have authority from the children's parents or guardians to participate in the activities at West Cork Secret and I give their consent.

Signing on behalf of any children/minors?

Signing on behalf of any children/minors?

Signed *(Required)*



Print Name *(Required)*

Date *(Required)*

DD slash MM slash YYYY

I HAVE READ THIS DOCUMENT AND BY SIGNING IT I AGREE TO EXEMPT AND RELIEVE WEST CORK SECRET FROM ALL LIAIBILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE TO MYSELF OR ANYONE WITH ME.