

Instructor's Name _____
Number of Participants in Group _____
Date: _____
Time of Activity _____



WEST CORK SECRET ADVENTURES LIMITED
("West Cork Secret")

Risk Acknowledgement Form

I understand that I am taking part in these activities at 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 confirm that I have listened to and fully understood the safety brief given prior to participating in any activities. 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 acknowledge and understand that I am responsible for the supervision of all children (under the age of 16) who are with me.

I accept 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 accept any liability for injuries sustained as a result of participating in any activities or for any injuries that occur while I am a guest at West Cork Secret to either myself or any child with me. I undertake that if I or any child with me is injured during an event that I will immediately inform the instructor, attend first aid and fill out an accident report form in the interest of preventing a recurrence of a similar incident.

By confirming my consent to participate in the activities, I confirm that neither I nor any children with me have any medical condition or restriction which could result in injury to others or ourselves. I confirm that if I am not the parent of children with me, I have the full authority of the children's parent/guardian for them to participate in the activities at West Cork Secret and I give their consent.

Signed: _____

Print Name: _____

Date: _____

If signing on behalf of any children/minors, please list the names and age of children in your care below:

Name

Age

Signed as adult responsible for the children listed above while a guest at West Cork Secret:

Print Name:

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