RISK ACKNOWLEDGEMENT AND PARTICIPANT DECLARATION (ADULTS)

Event: _____

Date of Event: _____

Organiser: Jelly Legs Ltd

IMPORTANT INFORMATION

Jelly Legs Ltd is committed to providing and managing its events in a manner that is as safe as reasonably practicable. However, adventure activities and outdoor events involve inherent risks that cannot be entirely eliminated, even when appropriate safety measures are in place.

Participation is voluntary and may involve risks including, but not limited to, slips, trips, falls, physical exertion, adverse weather conditions, equipment failure, actions of other participants, and other foreseeable hazards associated with the event.

Nothing in this document is intended to exclude or limit any liability that cannot lawfully be excluded or limited under the laws of England and Wales, including liability for death or personal injury caused by negligence.

PARTICIPANT DECLARATION

By signing this form, I confirm that:

1. **I have read and understood the information provided in this document.**
2. **I understand the nature of the activities involved and acknowledge the inherent risks associated with participation.**
3. **I agree to follow all instructions, safety briefings, event rules, and directions given by event staff, officials, volunteers, and contractors.**
4. **I will behave responsibly and in a manner that does not endanger myself or others.**
5. **To the best of my knowledge, I am medically fit and physically capable of participating in the event.**
6. **I will notify Jelly Legs Ltd before the event if I have any medical condition, injury, disability, allergy, medication requirement, or other concern that may affect my safety or the safety of others during participation.**
7. **I understand that failure to follow safety instructions or event rules may result in my removal from the event without refund where permitted by applicable terms and conditions.**
8. **In the event of an accident, illness, or emergency during the event, I consent to appropriate first aid being administered and, where considered necessary, to medical treatment being sought on my behalf.**

DATA PROTECTION

The personal information collected on this form will be used for event administration, participant safety, and emergency purposes. Personal data will be processed in accordance with applicable UK data protection legislation and Jelly Legs Ltd's Privacy Policy.

PARTICIPANT DETAILS

Full Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Emergency Contact Name: _____

Emergency Contact Telephone Number: _____

MEDICAL INFORMATION (if applicable)

PARTICIPANT CONFIRMATION

I confirm that the information provided is accurate and complete to the best of my knowledge and that I agree to participate subject to the terms set out above.

Signature: _____

Print Name: _____

Date: _____

Please email the completed form to hello@jellylegs.org.uk to confirm acceptance of these conditions.