



# North Wessex Downs National Landscape 2024 Walking Festival U18 CONSENT FORM

All children under 16 years must be accompanied by a parent or guardian. This form must be completed by all persons aged 16-17 attending any walks unaccompanied by a parent or guardian. It provides authorisation for you to participate in the activities and must be co-signed by a parent or person with legal responsibility

Details on this form will be held securely and will only be shared with walking festival partners who need this information. The information will be held only for the duration of the Walking Festival.

Please **bring this completed form with you and give it to the walk leader**. You will not be able to participate without it.

<b>Walk/s:</b>		<b>Date/s:</b>	
<b>Full name of participant</b>		<b>DoB:</b>	
<b>Address</b>			
<b>Name of emergency contact</b>		<b>Relationship</b>	
<b>Emergency contact numbers</b>	<b>Home</b>		<b>Mobile</b>

**MEDICAL INFORMATION & CONSENT (To be completed by PARENT or person with legal responsibility)** In case of emergency and as part of the walk leader's responsibility to you and your child, please complete this medical information as accurately as possible.

Does your child experience any conditions requiring medical treatment and/or medication? If yes please provide details of the condition and the medication.	Yes / No*	
Does your child have any allergies? If yes please provide details	Yes / No*	
Does your child have any specific dietary requirements? If yes please provide details	Yes / No*	
Please provide any further information you think is relevant:		
I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above and that I will inform the walk leader if this changes. I consent to my child receiving medical treatment which in the opinion of a medical practitioner may be necessary.		
<b>Signed</b>	<b>Date</b>	<b>Relationship</b>

I ..... (name of participant) DO / DO NOT\* give The North Wessex Downs and walking festival partners permission to hold my personal details.

**Signed:** .....

**Date:** .....

I .....(name) am the parent / person with legal responsibility \* of the above and have full knowledge of their action in regard to this form.

**Signed:** .....

**Date:** .....

*\* Please delete as appropriate*

**PHOTOGRAPHY/RECORDED IMAGE CONSENT**

Photographs or film may be taken during the activity. The North Wessex Downs and walking festival partners may use the photographs for promotional material. No personal identification will be labelled to any photos.

***a) To be completed by the participant***

I ..... I do / do not\* authorise The North Wessex Downs and walking festival partners to use the images resulting from any photo/filming. This includes any reproductions or adaptation of the images for all general publicity purposes.

**Signed:** .....

**Date:** .....

***b) To be completed by a parent / person with legal responsibility of the young person***

I ..... am the parent / person with legal responsibility\* of the above and have full knowledge of their action in regard to this form.

I do / do not\* authorise The North Wessex Downs and walking festival partners to use the images resulting from any photo/filming. This includes any reproductions or adaptation of the images for all general publicity purposes.

**Signed:** .....

**Date:** .....

*\* Please delete as appropriate*

Please **bring this completed form with you and give it to the walk leader**. You will not be able to participate without it.