



FORM 7800

(The following also relates to all activities offered by Redhills Adventure Ltd)

PARTICIPANT Disclaimer (or on behalf of participating child under 16)

1 I shall at all times conform to the Safety and Covid 19 Public Health Visitor/Participation Guidelines communicated to me. I will respect the instructor's requests and abide by their decisions at all times.

2 Where required of me, I will wear my MASK/ EYE PROTECTION at all times while in the game zones. Removal of FACE PROTECTION in game zones will result in removal from the activity.

3 Redhills Adventure uses Garda Vetted and trained instructors. All our activities are strictly supervised and we are experienced in dealing with large groups and young children. In the unlikely event that a participant is being unsafe to themselves or others or causing disruption to the group as or staff, the management reserves the right to remove any participant with no refund offered.

4. I agree that all equipment provided to me will be returned undamaged. Damaged equipment due to misuse or missing equipment may incur a charge

5 I understand the nature of the activities that I am about to take part in and the risk of injury associated with not taking part according to the rules and guidelines as explained to me prior to my participation. I confirm that I am in good health and in a position to take part and I will follow the safety guidelines strictly as explained to me in the briefing or displayed on signage nearby.

6. I understand that I am responsible for my own actions and involvement and undertake not to hold the proprietor Redhills Adventure Ltd., liable for any injury, loss or damage which I might sustain whilst participating in activities at Redhills Adventure Ltd.

7. For marketing purposes we occasionally take pictures of groups or record videos of activities. Please tick the following box if you do not consent to point 7

8. Should I fall ill after my visit or show any of the symptoms of a potential Covid 19 case, I will notify the centre by contacting info@redhillsadventure.ie immediately for contact tracing purposes

PLEASE PRINT CLEARLY AND IN CAPITALS:

Name of Participant	
Date of Birth	
Date of Event	
Medical Conditions (write "n/a" if none)	
Signature (of Parent if participant is under 16)	
Mobile & Email (Both Required for tracing only)	