

Outdoor Craft and Activity Consent / Waiver Form

Full name of child.....

Child's date of birth.....

Any known allergies or relevant medical information must be listed list below:

I do / do not consent for photos of my child to be taken and used for promotional purposes and to be shared online and used on social media platforms.

We aim to provide a safe and enjoyable experience for all visitors to Yalham Hayes Flower Farm and all craft days are risk assessed and delivered by experienced individuals. In order for the young person above to participate in the crafts/ activity sessions at Yalham Hayes Flower Farm please read and understand information and sign below. Please speak to Elsie, Jeanette or Aizel if you have any questions or require assistance in understanding any information.

I hereby agree to the following:

- I am over 18 and am competent to make decisions regarding the child above.
- I confirm that child's full name and age are printed above and that either (i) I am the parent / guardian of that child; or (ii) where I am not the parent / guardian of that child I certify that the child's parent(s) or guardian(s) of that child has/(have) granted permission for me to assume responsibility for that child ("Responsible Adult") and for me to have the right to sign this agreement on their behalf.
- The child's involvement and/or participation in the activity is voluntary, and I am acting under my own free will (on behalf of the child in my capacity as parent, guardian or responsible Adult, as applicable).
- I acknowledge that the child's participation in the activity may be physically demanding and that the risk of injury from the activity (using sharp craft tools, gardening tools, campfire activities etc) may happen. I also acknowledge that such risks cannot be eliminated entirely without jeopardising the essential qualities of the activities and that while particular rules, equipment and self-discipline may reduce the risks, the risk of injury does still exist.
- I agree that entering into this agreement indicates permanent waiver and release of liability with respect to myself (and, if applicable, the child). I understand that this agreement will be kept on file for future visits. I understand that if I wish to revoke this agreement I must contact Elsie Flowers on 07305064532.
- I understand that this waiver, release of liability and image release is intended to be as broad and inclusive as permitted by the laws of England and Wales (with respect to myself and, if applicable, the child). I further agree that if any part/s of this agreement are held invalid the remainder will continue in full force and effect.)
- All information is scanned and kept securely on a password protected device. Hard copies will be destroyed. All information will be protected and kept confidential in line with UK law.

I CERTIFY THAT ALL INFORMATION PROVIDED IS FACTUAL, I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENT.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Signed Date.....

Printed name Relationship to child.....

On behalf of (child's name).....