

**Privacy Notice**

The personal data you provide on this form will be treated in accordance with UK Data Protection Legislation.

Your data will be used in connection with your visit to Hampshire Outdoor Centres to ensure the safety of those attending and for the investigation and reporting of incidents. It will not be shared with third parties except medical professionals in the event of a need for treatment.

Your data will be retained for a period of three months plus current unless the participant sustains and reports an injury during the course of the activity, whereby the information will be retained for three years plus current.

The legal basis for our use of this information is Performance of a Public Interest task.

You have some legal rights in respect of the personal information we collect from you. Please see our website Data Protection page for further details: [www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)

You can contact the County Council's Data Protection Officer at [data.protection@hants.gov.uk](mailto:data.protection@hants.gov.uk)

If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner's Office at <https://ico.org.uk/concerns/>

**Name of participant** ..... **Date of birth** .....

**School / group / course name** ..... **Date(s) of visit** .....

**Home address** .....

..... **Postcode** .....

**Name of next of kin** .....

**Emergency contact no** Home ..... Work ..... Mobile .....

**Next of kin's contact address** (if different to above).....

..... **Postcode** .....

**Name of participant's doctor** ..... **Doctor's telephone no.** .....

**Participant's doctor's address** .....

..... **Postcode** .....

**1 MEDICAL CONDITIONS Have you had or do you suffer from any of the following?** (Please circle)

Asthma or bronchitis	YES	NO	Allergies to any known medication	YES	NO
Heart condition	YES	NO	Any other allergies (food, plasters, animal, material)	YES	NO
Fits, fainting or blackouts	YES	NO	Other illness or disability	YES	NO
Severe headaches	YES	NO	Travel sickness or sleepwalking	YES	NO
Diabetes	YES	NO	Regular medication	YES	NO

Are you receiving medical or surgical treatment of any kind? YES NO

Have you been given specific medical advice to follow in emergencies? YES NO

Do you have any special needs of which we should be aware? YES NO

Support or treatment for mental health from their counsellor or doctor YES NO

**If the answer to any of the above questions is YES, please give details overleaf (including dosage of any medicines/tablets)**

Have you received vaccination against Tetanus in the last 10 years? YES NO

**2 PHYSICAL FITNESS** Activities involve some or all of; bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. If in any doubt, consult your doctor before booking.

**3 ACTIVITY SPECIFIC** Many of our activities take place in and around the water. How would you rate your confidence in the water? Please tick one of the following:

- a. I can swim 50m and I am water confident
- b. I can swim 25m and I am water confident
- c. I am water confident and can swim, but I'm not sure how far. (Can submerge head without becoming distressed)
- d. I am a non-swimmer and/or may not be confident in the water

For courses involving air rifle target shooting, please tick to confirm that you are not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968

**4 SUPPLEMENTARY INFORMATION**

Please add any further information which will help us ensure you have a positive experience. In particular, do you have any special needs of which we should be aware?

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**5 PHOTOGRAPHY**

Hampshire Outdoor Centres occasionally take photographs of participants. May we use images of you for publicity purposes including our website and social media? YES NO

**6 MARKETING**

Please tick this box if you consent to receive news, event information and offers from Hampshire Outdoor Centres via email. Your details will only be used for this purpose. If you agree to join our mailing list, you can unsubscribe at any time using the 'Manage my subscriptions' or 'Unsubscribe' links contained in our newsletters.

**7 CONFIRMATION AND CONSENT**

I consider myself to be fit and able to participate in the activities at Hampshire Outdoor Centres.

I accept that, by their nature, adventure activities may involve some level of risk which cannot be fully eliminated and I consent to taking part.

In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics.

If any illness or medical treatment occurs after the return of this form and prior to the activity, I undertake to inform the party leader/booking office in writing.

Participants signature .....

Print name.....Date.....