



ROCK FROG OUTDOOR ACTIVITIES

49 Hilltop Close, Cheapside, Ascot, Berks, SL5 7QT

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Group Form

Date:			
Course / Event / Activity:			
School / Agency or Organisation name and full address:			
Telephone number:			
Name of group Leader:			
Group Size:		Group Age Range:	
Invoicing details and address:			
<p>I understand that climbing / kayaking / caving / mountain walking are potentially dangerous activities. I confirm that my organisation has sought parental consent. I confirm that all children participating in water activities are confident in the water and can swim 50m. I confirm that accompanying staff will remain with the group throughout the activity. I confirm that those staff will have information regarding any physical condition, illness or disability of all group members and will ensure that Rock Frog staff are made aware of these and any other issues that may impact on the safety or enjoyment of the session for those individuals. I understand that accompanying staff will have responsibility for the care and management of the group in all matters outside the instructional and safety aspects of the session which are the responsibility of Rock Frog Staff. I further understand that Rock Frog staff are purely responsible for the instruction and safety of the group during the session and should the group's safety or enjoyment of the session be impaired by the behaviour of the group or any individual within the group Rock Frog staff will halt the session until such issues are dealt with. I confirm that all the information on this form is accurate to the best of my knowledge.</p>			
Signature: _____	Position: _____		
Print name: _____	Date: _____		

- Please tick this box if you do **not** give your consent to anonymous group or individual photographs of your group participating in Rock Frog Activities being used in our publicity material and on our website.