Full Name: _____ Event Date: _____

MELIOR VITA

INTO THE WOODS

Please Fill this out either before you attend or on the day, you will not be able to take part until this it filled in for Health & Safety purposes

Email Address:

Phone Number:

Home Address:

Company:

Allergies:

Medical Conditions:

Next Of Kin Name:

Next Of Kin Number:

Additional Notes / Comments

MELIOR VITA

INTO THE WOODS

Please Fill this out either before you attend or on the day, you will not be able to take part until this it filled in for Health & Safety purposes

Participant Disclaimer & Acknowledgement of Risk
Provided by Melior Vita / MV3 (the "Activity Provider")

⚠ **Please read carefully before signing.**

By signing this document, you confirm that you understand and accept the terms below. If anything is unclear, please speak to a member of staff before proceeding.

🧭 Participation in Outdoor Activities

The activities you may participate in with the Activity Provider can be physically and mentally demanding, with inherent risks that cannot be completely eliminated. These include, but are not limited to:

- Slips, trips, and falls
- Burns (e.g., from fire or hot equipment)
- Blunt trauma or other injuries
- Physical or psychological stress or injury
- Disfigurement, illness, or permanent disability
- In extreme cases, the risk of death

🧍 Participant Responsibilities

By taking part in any activity, you agree to:

- Act responsibly and sensibly at all times
- Comply with all safety briefings, instructions, warnings, and rules provided by staff, volunteers, or signage
- Immediately inform a staff member if you feel unwell or unsafe, or if you are unsure of your ability to continue

By participating, you acknowledge that:

- You take part at your own risk
- The Activity Provider is not liable for injury, illness, death, or loss unless caused by negligence or as required by law

🩺 Fitness to Participate

You confirm that:

- You are physically and medically fit to take part
- You have disclosed any pre-existing medical conditions that may affect your safety
- Where relevant, you have sought professional medical advice before participating

You agree not to take part if:

- You are unwell, unfit, or pregnant
- You are under the influence of alcohol or drugs, or medication affecting your ability to safely participate

If you become unwell at any time, you will notify a staff member immediately.

You also give permission for the Activity Provider to:

- Administer or arrange emergency medical care as needed
- Share relevant medical information with emergency personnel

🎒 Personal Belongings

You acknowledge:

- The Activity Provider does not provide secure storage
- You should only bring essential personal items
- The Activity Provider is not responsible for loss, damage, or theft of personal belongings, unless due to negligence

📸 Photography & Video Recording

We will be filming and photographing during the event for use in our marketing materials and social media. If you do not wish to be filmed or photographed, please speak to a member of staff before the activity begins.

✅ Final Acknowledgement

By signing below, you confirm that you have:

- Read and understood this disclaimer
- Had the opportunity to ask questions
- Accepted the terms and risks involved in participation

Signature _____ Date _____

_____