



Participant Registration Form

Participants Name:	
Address:	
Tel No:	Mobile:
Emergency Contact Name:	
Address:	
Tel No:	Mobile:
Do you the participant have any medical or behavioural conditions, which may affect or be affected by your participation in Adventure activities? Yes/No_____	
If yes, please provide details:	
<p>In consideration of and through the my involvement in a Life Adventure, I hereby acknowledge and agree to release Life and/or its representatives from any and all liabilities in respect of personal injury, loss or damage unless such injury, loss or damage is the result of negligence on the part of Life and/or its representatives.</p> <p>I agree to abide by such regulations as Life or its representatives may consider advisable in order to ensure the safety of myself and other participants.</p>	
SIGNED:	DATE:

All information received is treated in confidence and remains the property of Life Adventure.

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