

Consent Form: YCS Pre-Comp Routes Session - 18/08/2024

| Participant Details | | |
|--|--|--|
| Name: | | |
| Membership number: | | |
| Date of birth: | | |
| Gender: | | |
| Phone number: | | |
| E-mail: | | |
| Allergies: | | |
| Medical conditions: | | |
| Medication: | | |
| | cal and medication data provided above to be shared with instructors for the purposes of the in the activity. This data will not be shared or processed for any other purpose. | |
| GP name: | | |
| GP phone number: | | |
| | | |
| Details of the Parent or Guardian / Parent or Guardian must be over 18 | | |
| Name: | | |
| Phone number: | | |
| E-mail: | | |
| | | |
| Emergency Contact Details | | |
| Name: | | |
| Phone number: | | |

Informed Consent

- For you and / or your child to participate in the activities of this Session, you must provide your Informed Consent.
- Without your Informed Consent your child will not be able to participate in the activities listed.
- Provision of Informed Consent does not guarantee participation in the activities listed, this decision will be taken by the qualified instructors staffing the event.

| Activity | Signature of Parent / Guardian By signing you are providing your informed parental consent for your child to participate in the following activities. You must be over 18 to sign below. | | |
|--|---|------|--|
| Belaying - <i>Must be backed up by over 18</i> | | Date | |
| Lead Climbing | | Date | |
| Top-Roping | | Date | |
| Physical Training | | Date | |
| | | | |
| Activity | Signature of Parent / Guardian Belaying is carried out by suitably experienced parents, volunteers and coaches. By signing, you are confirming that you are over 18 and suitably experienced to belay. | | |
| Belaying | | Date | |
| Mountaineering Ireland Participation Statement | | | |
| Hillwalking and climbing are activities with a danger of personal injury and death. Participants should be aware of and accept these risks and be responsible for their own actions and involvement. | | | |
| Signature: | | | |
| Date: | | | |
| | | | |

| Media Consent | | |
|--|--|--|
| As the parent/guardian of the participant, I give permission to Mountaineering Ireland to publish media in which the participant may feature. I understand that this media may be shared with relevant sponsors. | | |
| I give permission to Mountaineering Ireland to publish media in which my child may feature. Media can include photos, video and sound. | | |
| Signature | | |
| Date: | | |