

Wild by Nature Activity Participation Form

In order to keep our experiences affordable for you, we would ask every guests to print /copy this form with the feedback questions copied on the reverse and bring on your first activity with us, for each participant there needs to be a form.

RE: PTFM/11/13

Name	
Date of first activity	

Name & Address

First Name	
Surname	
If an open ended form tick here <input type="checkbox"/> TELL US IF ANYTHING CHANGES	
Email:	
Telephone Daytime	
Telephone Mobile	
Name & telephone number of person to be contacted in an emergency	
Please declare any medical conditions, allergies or significant disabilities	
Any special dietary requirements YES/NO	
If yes, please give details	
DURING YOUR ACTIVITY YOU CAN ALSO DESCRETELY MENTION ANY MEDICAL CONDITION TO STAFF.	

I am aware of the activity description or nature of expedition, that I have chosen; I am physically fit to undertake this activity. Consult your GP if you require guidance or have been asked to produce a "Fit for Activity letter" by us.

I appreciate that the activity may be hazardous by its nature and I accept a certain element of risk and give permission for myself to undergo any Emergency treatment.

I agree to abide by the instructions of Wild by Nature staff and to inform Wild by Nature if my medical condition changes during the period of time this form is active.

I agree to the current terms and conditions which can be requested or viewed online at www.wildbynature.eu

- We strongly advise individuals to take out appropriate cancellation, curtailment & accident or travel insurance.

If under 18 yrs old. (*The additional points below apply and this form should be signed by a parent/ or legally appointed guardian*)

- I agree to my child/young person in my care taking part in the activity specified and I have declared any medical conditions that might be relevant and permission for any emergency treatment that may be required for his/her welfare.

Age (If under 18 a parent / guardian must sign the form)

Sign or print here

Date:

I would NOT like any image of myself or child on an activity to be taken and used for promotional updates such as FACEBOOK.

I would NOT like to receive offers or updates from

Wild by Nature.

IMPORTANT : EVERY PERSON ON AN EXPERIENCE MUST HAND IN A COMPLETED FORM/ WITH A BLANK QUALITY ASSURANCE FEEDBACK SHEET ON OBVERSE

This form will be used in order to promote your comfort and well being and will be archived for three years prior to destruction. The term "Activity" means any experience, event or expedition being provided by Wild by Nature for you or your child or those in your care.

THIS IS A GENERAL DISCLOSURE OF RISK AND MEDICAL INFO FORM.

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This page is part of our quality assurance and should be completed after each experience; this is viewed after you have departed and viewed impartially and helps to improve our experiences.

1. Was the information, guidance and booking process simple to understand, informative and adequate? *(Comments)*

2. Please comment on the manner, **safety awareness** and ability of the staff.

3. Was the content and structure of your experience / activity adequate? What would make it better?

4. Was the equipment issued serviceable and appropriate for your experience and that **safety** was present throughout?

5. **Do you feel this experience has in some way enhanced your awareness of heritage and/or nature (Comment)?**

6. Where did you hear about us?

7. Would you use our service again? YES / NO *(delete)* Please use space below to tell us anything else?

Your comments here: (Ask staff for any discount cards).

Unless you tell us otherwise we will use any positive comments as testimonials on brochures or the internet to promote this service.