0800 TO GO APE
Adrenalin-forest.co.nz

Okowai road
Wellington
(04) 237 8553

105 Heyders Road, Spencerville
Christchurch
(03) 329 8717

RD3 Upper Pyes Pa Road
Bay of Plenty
(07) 929 8724

RISK DISCLOSURE AND ACKNOWLEDGEMENT (15 AND UNDER)

(Must be signed by a parent/guardian/teacher for a maximum ratio of 1 adult for 12 children)

I will actively supervise all under 16 persons accompanying me. Actively supervising means staying within eyesight of the participants

I will attend the safety briefing with the participants

I understand that there is the risk of serious harm or death involved while the participants are undertaking these activities.

I understand there are consequences if the participants ignore Adrenalin Forest's safety management procedures and directions

I agree that the participants will undertake the Adrenalin Forest activities in accordance with the Conditions of Entry and Safety Rules.

While participants are on the pathways, they will remain clipped on to the safety line at all times.

The participants will be responsible at all times for wearing the safety equipment provided and fitted by the staff. They will not share any part of the safety equipment with anyone. They may be liable to pay any costs incurred due to any intentional misuse or damage caused to the equipment.

I consider that the participants are physically and mentally able to sustain the level of exertion and stress resulting from the Adrenalin forest activities. To the best of my knowledge. I certify that they do not have any medical condition or special needs that may affect their own or others' safety.

I acknowledge that Adrenalin Forest will take all reasonable and practicable steps to keep the participants safe while they are involved in these activities. However, participants will accept full responsibility for their own actions or inactions. We will refund you in full at the end of the safety briefing and demonstration if you are not willing or incapable of undertaking the risk.

I have read, understood and accept all the terms in this risk disclosure and acknowledgement form.

Name	Signature	Children #	Date