



ADULT LEARNER CONSENT FORM

Please complete the following which may be used during your course and time with us

Event Location:

Event Date:

Name:

Date of Birth:

Address:

Post code:

Phone number:

Email

Family Doctor:

Doctor's telephone number:

Do you have any medical conditions/allergies or any other conditions that might affect your learning and that we should be aware of (including any current medication?)

Please provide details of medication that must be administered in the event of sickness:

Emergency contact details: (If different from above)

Name:

Telephone no:

Relationship:

DECLARATION

Please tick each box to confirm your understanding and agreement:

I understand that **nature workshops** accepts no responsibility for loss, damage or injury caused by or during attendance on any activities except where such loss, damage or injury can be shown to result directly from the negligence of **nature workshops**.

I confirm that I am happy to be filmed or photographed during sessions with Nature Workshops and for the film or photographs to be made public.

I confirm that I am will to provide written and verbal feedback during and following Nature Workshop sessions

I agree to Nature Workshops keeping my name, address, phone number and email in order to contact me about other training offers and support services.

We promise we will look after your personal data and will not share it with or sell it to any other external agency. Please note, if you decide you no longer want us to contact you or hold our data please let us know by either calling us on 01209 215 211 or by email admin@natureworkshops.co.uk

SIGNED

DATE

