



**Hakeford Woods**

( Postal Address) 48 Wrafton, Braunton, Devon. EX33 2DE  
(Forest School Site Address) **Hakeford, Between Chelfham Mill and  
Stoke Rivers, Barnstaple EX327LB**

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Registered Charity Number 1203076

**Adult Participant Indemnity Form**

I ..... (name) agree to taking part in Forest School/Wellbeing activities.  
Sessions will be lead by our fully qualified Forest School staff.

1. To be given emergency treatment / first aid if necessary when attending a Forest School program.
2. I understand that I will need to be dressed appropriately. I will have strong shoes or boots(wellington boots would be ideal, especially if the weather has been wet). I will also be wearing long sleeved tops and long trousers. I will have suitable outdoor clothing for the weather and time of year (in winter warm /waterproof coat, hats and gloves, In summer a suitable hat)
3. I understand that I may, at the discretion of the Hakeford Woods staff, have opportunities to work with hand tools (including knives, saws, billhooks etc.) and small fires through the course of the activities.

**Indemnity Statement**

- Taking part in a Forest School/Wellbeing program or activity is conditional on the individuals recognizing that these activities are activities where there is a potential for misadventure and subsequent personal injury. Participants must be aware of and accept these risks and agree to hold responsibility for their own actions and involvement.
- I declare that in the event of any claim of compensation for an incident, the claim will only be against another party directly involved in that incident.
- No compensation will be sought from the charity or trustees unless they are found, by law, to have acted in a negligent or illegal manner.
- It must be remembered that safety is the responsibility of ALL participants who are each responsible for the safety of themselves and other participants.
- All safety rules and procedures must be followed.
- Any hazards found in/on the site must be reported to the group Leader who will take all reasonable steps to ensure that every participant is made aware of the hazard.
- I declare that I have read and agree to the content of this document. I am aware of my responsibilities whilst participating in the Program/Session or when at the Hakeford Woods site.

Signed .....

Date .....

# Hakeford Woods

## Medical Treatment Consent and Participant Consent Form

In the event that you should require hospital treatment, we require the following information:

Please note that we will always try to contact emergency contacts/next of kin prior to any hospital treatment.

<b>Participant's Name</b>	
<b>Date of Birth</b>	
<b>Home Address</b>	
<b>Emergency Contact Details</b>	
<b>Name</b>	
<b>Relationship to participant</b>	
<b>Telephone No.</b>	
<b>Work/Mobile No.</b>	
<b>Email address</b>	
<b>Doctor</b>	
<b>Name</b>	
<b>Medical Centre Address</b>	
<b>Insect Stings.</b> As an additional precaution we are required to ask you in more detail about allergies and insect stings.	
I have been stung by a bee or wasp	Y/N
I have been stung by a bee or wasp and made a normal recovery	Y/N
I have been stung by a bee or wasp and had an allergic reaction	Y/N
If you answered yes to the final question we will contact you in order to obtain further details	
<b>Allergies</b>	
I have food allergies / other allergies. If Yes please detail below	Y/N

<b>Is there any medical attention that you would NOT like to receive, or any medical information that we should make the hospital aware of?</b>	
<b>Medical Information</b>	
I confirm that the medical information that I have supplied is fully up to date	Y/N
I give permission for a first aider to administer emergency first aid treatment / medical attention as needed whilst in the care of a representative from Forest School or a participating organisation.	Y/N

<b>Photographs/Video Recordings</b>	
I give permission for group leaders to include me in photographs whilst at Hakeford Woods Forest School and for these images to be used in the achievement books, records and press releases or publications	Y/N
<b>Data Protection</b>	
All information provided is covered by the Data Protection Act 1998 and is strictly confidential. I understand and agree to the above information being held by Hakeford Woods Forest School	Y/N

<b>Name of Participant</b>	
<b>Signed:</b>	
<b>Date:</b>	
Office use only	