

BOULDERFOREST — MINOR CONSENT FORM

PARTICIPANT

Name:

Date of birth:

____ / ____ / _____

PARENT / LEGAL GUARDIAN

Name:

Relationship to child:

Phone:

Email:

EMERGENCY CONTACT

Name:

Phone:

HEALTH INFORMATION

Please provide only information that BoulderForest staff should know for the safe participation of your child.

☐ **Nothing relevant to declare**

Relevant medical conditions, allergies, medication or other information:

PARENTAL CONSENT

I authorize the child named above to participate in bouldering and other activities at BoulderForest.

I understand that bouldering and other physical activities involve inherent risks, including falls, collisions and injuries. I acknowledge that these risks cannot be completely eliminated.

To the best of my knowledge, my child is able to participate in the activities, and I have disclosed above any information relevant to their safe participation.

I confirm that I have read and accept the applicable BoulderForest safety rules and Terms & Conditions. I understand that my child must follow these rules and all instructions given by BoulderForest staff.

I understand that this consent does not replace any applicable BoulderForest supervision requirements. Where supervision by a parent, legal guardian or other responsible adult is required, I understand that the child must remain under such supervision.

In an emergency, I authorize BoulderForest to contact the emergency services and, where reasonably necessary, take appropriate steps to obtain medical assistance for my child.

I confirm that I am the child's parent or legal guardian, or otherwise have legal authority to provide this consent.

SIGNATURE

Name of parent / legal guardian:

Signature: _____

Date: ____ / ____ / ____

PRIVACY

Personal data provided on this form is processed by BoulderForest (BoulderWorld Sàrl) for the organization and safe conduct of activities at BoulderForest. Further information about how we process personal data is available in our Privacy Policy.