

PLEASE FILL IN CLEARLY

| Section 1. | | | | |
|---------------------|--|--------------------|----------------|-------------------|
| TITLE | | | | |
| FULL NAME | | | | |
| ADDRESS | | | | |
| | | | | |
| POSTCODE | | | | |
| MOBILE NUMBER | | | | |
| OCCUPATION | | | | |
| EMAIL ADDRESS | | | | |
| DATE OF BIRTH | | | | |
| Section 2. | | | | |
| supporting local re | ns work in partnership with numerous charities, gions across the United Kingdom. We would real ve can provide feedback and prove our support i | ly appreciate your | _ | |
| HOW MANY PEOPI | LE HAVE TRAVELLED TO SUPPORT YOU TODAY? | | | |
| DID YOU STAY OVE | RNIGHT IN A LOCAL HOTEL? Please tick. | YES | NO | |
| IF YES – WHICH HO | TEL? (Name & Location) | | | |
| ARE YOU RAISING | MONEY FOR A CHARITY(S)? Please tick. | YES | NO | |
| IF YES - WHICH CHA | ARITY(S) ARE YOU RAISING MONEY FOR? | | | |
| TOTAL AMOUNT R | AISED BEFORE YOUR EXPENSES | | | |
| | ns would like to contact you about other producted in receiving this information, please tick the bo | | offered by Big | Bang Promotions. |
| offer you informat | ns would like to pass your details onto other care ion, goods, and/or services that may be of intere our details to be passed on to such organisations | st to you. | | der that they can |

PLEASE TURN OVER

| Def | inition | s: 'Operator | in this Waiver means and refers to Big Bang Promotions which is a trading name of UKBC Ltd | | | | |
|-------|--|---|---|--|--|--|--|
| Full | Name | (please prir | | | | | |
| (i) |) do hereby acknowledge that: | | | | | | |
| | (a) | abseiling a | d or zip wiring and or man cage riding are dangerous activities and that it involves the risk to me/my child of death or bodily injury; | | | | |
| Full | Name | (please prir | | | | | |
| | (b) | and or man of action fa otherwise. column, bra system, car | own free will and desire, I wish to participate/I am prepared to allow my said child to participate, in the activity of abseiling and or zip wiring r man cage riding and to do so at my own risk, and I accept full responsibility of any injury resulting there from, whether giving rise to a cause ion falling within the scope of paragraph (ii) (a) or (b) hereof or not, whether suffered by myself or my said child and whether fatal or wise. Without in any way limiting or detracting from the scope of the foregoing, injuries includes damage of any kind to the back, neck spinal in, brain, blood vessels (including the blood vessels serving or related to the eyes), eyes, nerves (including ocular nerves), central nervous m, cardio vascular system and also includes shock AND includes the event of a miscarriage suffered by any female as a result of participating eiling and or zip wiring and or man cage riding. | | | | |
| (ii) | agree to indemnify and otherwise hold harmless, the Operator, its officers, its committee, and person or business or company employed or authorised by the club for the carrying on of abseiling and or zip wiring and or man cage riding or any ancillary activity, from all and any caused of action, whether for damages, compensation or any other orders whatsoever, whether at common law, in equity, under statute or otherwise howsoever caused by my negligence or failure to follow proper instructions; | | | | | | |
| | (a) | | the conduct of the activity of abseiling or zip wiring or man cage riding including any activity or any procedure preceding or following n of a jump whether or not those activities or procedures are part of the preparation for or the recovery from a jump; | | | | |
| | (b) in and about the conduct of activities associated with or supplementary to or ancillary to the activity of abseiling and or zip wiring and or man capariding whether such activities are carried on by the Operator or some other person and whether such activities involve the offering for sale to the public or any section or group of the public or to any individual whatsoever of meals and/or refreshments and/or entertainment and/or activity of any kind whatsoever including the offering for sale of any goods or services whatsoever. | | | | | | |
| | | | IER such causes of action would be available to me in my own right or be available to be brought by me on behalf of or for the benefit r be available to be brought by me on behalf of myself and of another. | | | | |
| (iii) | do he | reby acknov | edge and warrant that: | | | | |
| | (a) I am not aware of any present or past medical and/or physical condition which might endanger myself/my child or others whilst participating in the activity of abseiling and or zip wiring and or man cage riding. In particular but without anyway cutting down the scope of the preceding sentence: | | | | | | |
| | | (i) | am not/my said child is not pregnant; | | | | |
| | (ii) I am not/my said child is not suffering from any ailment or defective condition of the heart, the lungs, the central nervous system, the vascular system, the muscles of the neck, back, legs or those connected with the eyes or of the eyes; | | | | | | |
| | (b) | no medical | practitioner has advised me/my said child against participating abseiling and or zip wiring and or man cage riding | | | | |
| (iv) | | ing in this Waiver shall exclude the liability of the Operator for the death of or personal injury to any person caused by its negligence of that of its ers, committee, employees or agents. | | | | | |
| per: | son, fir video | m or corpor or audio red | Operator allowing me/my child to proceed with abseiling or zip wiring, or man cage riding I hereby release the Operator and any tion engaged by it from all and any rights or entitlement that I/my child may otherwise have to any permanent or transient, moving o ord leading up to my abseiling or zip wiring, or man cage riding through to the time after the completion of my abseiling or zip wiring g used for any purpose that the Operator may consider appropriate. | | | | |
| | | | Date Date of Birth | | | | |
| | Signature of Participant | | | | | | |
| | Signature of Guardian or Parent of Participant | | | | | | |
| | | | For the Operator (Witness) | | | | |