

**LOUGHCREW ADVENTURE COURSE  
CONSENT FORM**

NAME: NAME OF SCHOOL/CLUB:  
TEL NOS OF PARENT OR GUARDIAN: DATE OF BIRTH:

Please advise of any relevant Medical Conditions (for example: Asthma, Epilepsy, Allergies)

.....

I understand the full dangers of participating in the activities at Loughcrew Adventure Course and confirm that the above named will obey the instructors and the Health & Safety requirements of the establishment.

**SIGNED:** **DATED:**  
(TO BE SIGNED BY A PARENT OR GUARDIAN if under 18)

LOUGHCREW ADVENTURE COURSE, OLDCASTLE, CO MEATH  
WWW.LOUGHCREW.COM 049 85 41356

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