This form is required for all Bryntysilio OE Centre residents/guests and must be completed in BLOCK CAPITALS.

Bryntysilio Outdoor Education Centre

Llangollen, Denbighshire, LL20 8BS.

**Adult Consent Form**

**Details**

Full Name DOB

Address

Postcode

GP Name & Address

Email

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**Declaration by Participant:**

I consent to receive any necessary medical treatment during my visit.

Bryntysilio OE Centre occasionally uses images of activities to promote their work on their website, in brochures and press releases (with strict guidelines) and I consent to my images being used for these purposes by Bryntysilio OE Centre.



Please keep me informed with news and updates from Bryntysilio OE Centre. 

(Your personal information will be stored in accordance with the Data Protection Act 2018 and will not be shared with any other organisation).

Signed Date

Emergency Contact Name Number

**Medical Information:** Details of any special medical conditions, allergies, medication and dietary requirements.

Daytime Telephone Mobile Telephone

**Declaration - I confirm that I have read and agree with the terms and conditions**

How did you hear about Wide Horizons CPD Courses?

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