

DofE Expeditions Student Consent Form



First Name:		
Surname:		
Date of Birth (dd/mm/yyyy):		Age:
Gender (pls tick)	Male	Female
Medical, behavioural, emotional needs.		

Consent from parent or guardian (if applicant is under 18 years old) **PLEASE READ**

I agree to my son / daughter / ward undertaking the DofE expedition with E3Adventures. I fully understand the nature of the activities that my child/ward will be taking part in which will involve expeditions and camping. I understand that the expeditions are remotely supervised and that there will not be a leader with my child at all times during this expedition. I understand that my child needs to have sufficient training to enable them to undertake this expedition safely, and I understand the importance of them attending all of the training sessions and practices. I confirm that I have disclosed any medical, behavioural or emotional conditions that could impact on the safe and successful delivery of this expedition programme.

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Parent/guardian:			/ /
Relationship to participant:	Contact telephone no:		

PHOTOGRAPH CONSENT

As part of the work we do with young people E3Adventures occasionally take photographs or videos of various activities. These may then be displayed and published on our web site to promote and celebrate the work of young people. Please tick the box if you *do not* want photographs of your child displayed and published.



E3ADVENTURES
EXPEDITION EXPERIENCE EDUCATION