



## University of Worcester – Lakeside Campus

### Activity Participation Agreement & Consent Form

#### 1. Purpose of this Form

The University of Worcester (UoW) requires this information to ensure safe participation in activities at Lakeside Campus and to meet legal obligations. Your information will be used only for safety management, activity administration, programme evaluation and—if you opt in—future activity communication.

UoW is the Data Controller. Details of how we process your data, how long we retain it, and your rights can be found at: <https://www.worcester.ac.uk/informationassurance/visitor-privacy-notice.html>

#### Participant Consent

- I consent to my personal data being processed for the purposes described above.
- I would like to receive promotional information about activities at the Lakeside Campus.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 2. Participant Details

Full Name	
Address	
Postcode	
Telephone	
Email	
Communication Preferences	

#### 3. Emergency Contact Details

Name	
Telephone	

#### 4. Health & Medical Information

Some activities involve physical exertion or participation in water-based or outdoor environments. To help us support your safety, please answer the following:

- Do you have any medical conditions, disabilities or injuries that may affect your ability to participate safely? **Yes / No**

- Do you take any medication that may affect your ability to participate safely? **Yes / No**

If you answered “Yes”, please provide details:

Known Medical Conditions	
Disabilities	
Current Medication	
Allergies	
Additional Relevant Information	

Medical information is classed as Special Category Data and is processed with your explicit consent under Article 9(2)(a) UK GDPR. You may withdraw consent at any time, although this may affect participation.

### 5. Acknowledgement of Risk

Outdoor and water-based activities involve inherent risks. While UoW takes reasonable steps to reduce risks to participants through trained staff, equipment, and safety procedures, we cannot eliminate all risks without removing the essence of the activity.

By signing below, you confirm that:

1. You understand the nature of the activities and their inherent risks.
2. You understand these activities are undertaken at your own risk
3. You agree to follow all safety instructions given by UoW staff.
4. You agree to wear all required safety equipment, including buoyancy aids where specified.
5. You accept responsibility for your own (and group) behaviour during the activity.
6. You understand that UoW are fully indemnified of anything arising from your own (or groups) negligent actions.

Legal Notice: Nothing in this document excludes or restricts UoW’s liability for death or personal injury resulting from our proven negligence, nor does it affect your statutory rights under UK law.

### 6. Property & Personal Belongings

UoW is not responsible for loss or damage to personal items unless caused by our proven negligence.

### 7. Behaviour & Safety Compliance

UoW may stop or refuse participation if behaviour is unsafe, poses risk to others, or if important information is withheld.

### 8. Participant Declaration

I confirm that I have read and understood this Consent Form, including the Acknowledgement of Risk, and agree to comply fully with all requirements.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 9. Under-18 Section

Children under 18 cannot provide legal consent. A parent or legal guardian must sign on their behalf and confirm that:

- They understand the risks involved
- They have disclosed relevant medical information
- They agree their child will follow safety instructions

Name	Age	Swimming Ability

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_