

POPLAR CORNER "DAY ON THE FARM/PARTY" GROUP PERMISSION FORM

*Encouraging respect for the great outdoors
and our animal friends.*

VISITOR DETAILS

NAME OF GROUP

AGE RANGE _____

CONTACT DETAILS

ORGANISING ADULT	
Full name:	
Address:	
Postcode:	
Email:	
Day time ph. no:	
Evening ph. no:	
Mobile ph. no:	
Alternative emergency contact	

MEDICAL

Is there any medical information relating to participants such as allergies or current medication that Poplar Corner staff should know about?

If so, details please

PARENT/GUARDIAN DECLARATION

I grant permission for this group of children to participate in riding and farm activities at Poplar Corner. Travel in a Poplar Corner vehicle is also allowed.

I understand that Poplar Corner manager and staff will take all responsible care while visitors are in their charge, to protect them from injury and to adequately control and supervise their behaviours and activities.

I appreciate that there is some inherent risk in riding and spending time in the outdoors and that the manager and staff of Poplar Corner are not responsible for injuries or damage to property that may occur where the manager or staff have not been negligent.

Where it is impracticable to communicate with me, I consent to the rider receiving appropriate medical attention when required, including transport by ambulance.

I agree that the information provided on this form can be disclosed to relevant medical staff in the event of an emergency.

I undertake to pay costs that may be incurred for medical attention while the camper is under Poplar Corner supervision.

Signed: _____ Parent/Guardian

Date: _____