Leafy Legends Session Consent Form

Participant Information

Name*	
Email*	
Date of Birth *	
Gender *	☐ Male ☐ Female ☐ Other

Health & Safety

Any allergies, medical conditions, prescribed medication, or emergency advice? *

- ☐ Yes
- ☐ No

If Yes, please provide details

Any special dietary requirements? *

- ☐ Yes
- ☐ No

If Yes, please provide details

Special needs or requirements? *

- ☐ Yes
- ☐ No

If Yes, please provide details

Emergency Contact Information

Emergency Contact Name*	
Preferred Phone Number *	

Consent & Acknowledgements

☐ I give my consent for the named child to participate in Leafy Legends woodland birthday party activities.

☐ I understand activities may include tools, rope swings, fire lighting, den building, campfire cooking, and craft work.

☐ I consent to the named child receiving necessary medical treatment for any injury or illness while at Leafy Legends.

Additional Permissions

☐ I give my consent for photographs of the named child to be used for publicity by Leafy Legends.

☐ I give my consent for videos of the named child to be used for publicity by Leafy Legends.

☐ I would like to receive occasional emails about special offers and upcoming events

Guardian Information

Your name*	
Relationship to Participant *	

Signature of guardian _____

If you would like further information please contact me, Jacky, on 07850613301 or leafylegends@outlook.com

IF ALL AREAS ARE NOT COMPLETED IT MAY RESULT IN YOUR CHILD NOT PARTICIPATING