



## Camping Waiver (Under 18's) Lambourne End Centre

We aim to provide a safe, clean & welcoming environment for the shared benefit of all guests. In order to do this, we need the co-operation of all our visitors.

Please read the Code of Conduct (below), sign the Camping Agreement (on Page 2), Parent / Guardians' Agreement (on Page 3), and Next of Kin(s) (on Page 4).

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|---|--|
| ★ Site speed limit is 10mph.<br>Look out for children & animals.      | ★ Noise to be kept to a low level.<br>No music after 11pm.                       |
| ★ Follow all traffic control signs.<br>Do not remove way-finding.     | ★ Follow all instructions given by staff<br>and report any damage.               |
| ★ All rubbish to be cleared from site<br>and put in the correct bins. | ★ Cabin area and toilet block are to be<br>left as found (including washing up). |
| ★ Wood will be supplied for a campfire.<br>Do not use any other wood. | ★ Do not leave campfire unattended.<br>Do not make separate bonfires.            |
| ★ Campers under 16 must be<br>accompanied by an adult over 18.        | ★ Campers between 16-18 must have<br>signed Parent / Guardian Agreement.         |
| ★ Do not throw cans, bottles, or any<br>other rubbish into the fire.  | ★ If you use the hob/oven, make sure<br>it is turned off after use.              |
| ★ Take caution when using showers<br>as they get hot very quickly.    | ★ If the ground is wet, no vehicles will be<br>allowed on the grass areas.       |
| ★ Keep small children & animals away<br>from fire.                    | ★ No access to adventure / farm areas.   |

# Camping Agreement

\* Required fields

Full Name\*

Age\*

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Email

Telephone

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Sign\*

Date\*

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- I have read & understand the Code of Conduct
- I agree to the Camping Waiver

Please bring proof of your signed waiver (either printed or on your phone) to the event, or email it to [hellohohill@gmail.com](mailto:hellohohill@gmail.com) beforehand.

# Parent / Guardians' Agreement

\* Required fields

Parent / Guardians' Full Name \*

Relationship to Child \*

Email

Telephone

Sign\*

Date\*

Address

Child's Medical Conditions / Allergies

Details of Child's Medication to be Administered

- I agree to the named child taking part in the activities during the event
- I confirm, to the best of my knowledge, that the named child does not suffer from any medical condition other than those listed above

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## Next of Kin(s)

\* Required fields

Full Name \*

Relationship to Child \*

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Email

Telephone\*

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Full Name \*

Relationship to Child \*

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Email

Telephone\*

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## GP Details

GP's Name

GP's Telephone

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