

OFFICE USE ONLY 1020	VOUCHER REFERENCE NO: TOURX		MD	EXPERIENCE: FARM TOUR /	
	DATE	TIME	HANDLER	I	MATRIX EMAIL

Walking Farm Tour – Participant Information Form with Terms and Conditions

Form can be returned by email, post and photo message or by hand.

PARTICIPANT PROFILE

Email:

Closed Monday. Open: March-October 10.00-18.00. Closed November, December, January and February. Vouchers are valid for six months and have an expiry date

Full name:

Address:

Telephone (home)

Mobile Number:

Date of Birth

NB: a responsible adult must accompany participants under 16

On the EXPERIENCE

Note; this information is for us to set up your Farm tour. Please be **Truthful**. This will also be discussed on the day. You are responsible for any information given

What is your favourite farm animal?

- Clydesdale Horses
- Highland Coos
- Donkey / Alpacas
- Pig / Sheep

**Medical conditions or allergies: ** please list any medical conditions or allergies, even if you think they may be irrelevant.

Fitness level & mobility are important as you are participating in a walking farm tour.

How do you rate your confidence level around animals? 1 2 3 4 5
5 being very confident. Please note a number next to each member of your party's name below

Other members of your party: All person taking part on the farm tour must be noted on form

No children allowed unless supervised by a responsible parent/guardian. Participants are not allowed to walk around the farm unescorted

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| 1. <input type="checkbox"/> | 2. <input type="checkbox"/> | 3. <input type="checkbox"/> |
| 4. <input type="checkbox"/> | 5. <input type="checkbox"/> | 6. <input type="checkbox"/> |

ACKNOWLEDGMENT DECLARATION

Blackstone is a working farm and as such is rough terrain, in so much that you are responsible for your feet! It is your responsibility to look where you are walking. Please mind your step!

I have read the Booking T&C's, Release & Wavier of Liability, Assumption of Risk and Indemnity carefully on reverse and fully understand that by signing this form I am agreeing to the conditions as they are stated. I have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law

Responsible Participants Name (printed):

Date:

Signature of Responsible Participant for the party:

FORM TO BE RETURNED BEFORE BOOKED DATE

TO BE COMPLETED ON DAY OF EXPERIENCE: For the purpose of the health protection of all guides and visitors. **NO** person suspected of being COVID-19 infected should visit Blackstone Farm

Temperature

Do you have a fever or history of fever (≥37.8°C) in the past 14 days and acute respiratory infection with at least one of the following symptoms: **shortness of breath, cough or sore throat, change of taste or smell?** If yes, contact NHS 111. You cannot visit No

In the past 14 days, have you travelled in or out of UK? Yes No

If yes, what country?

Have you travelled from a UK lockdown area? Yes No

If yes what area?

In the past 14 days, have you had contact with a confirmed COVID-19 case? Yes No

If yes, you cannot visit today

