**Medical Declaration and Consent form**

**Risk Acknowledgement**

*There will always be some real risk involved in the adventure activities we offer. This residual risk is inherent in the activity and cannot be eliminated without devaluing the activity, or the reason for doing it. The risk is generally confined to a similar level which a normal adult involved in normal active recreation may face. We believe the level of risk is low and is a tolerable risk when compared to the benefits. However, you must decide if you consider it tolerable.*

*Law requires that we take all reasonable care of you. We believe we do more than the law requires, but certain inherent risks may still remain which we cannot remove without destroying the nature of the activity. Our aim is to reduce risks to the lowest tolerable level consistent with the nature and ethos of the activity. We fully accept our legal and moral responsibilities in these matters but feel that you would wish to be fully informed about what you may experience.*

**PARTICIPANT INFORMATION**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
|  | *Female* | *Male* |
| Date of Activities |  |

**MEDICAL INFORMATION**

1. **Any conditions requiring medical treatment, including medication?** YES / NO

 (If YES, please give details):

2. **To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?** YES / NO

 (If YES, please give details):

3. **Are you allergic to any medication e.g. plasters, paracetamol etc.?** YES / NO

 (If YES, please specify):

**DECLERATION**

I agree to receive medication as appropriate and any emergency medical or surgical treatment, including anaesthetic, as considered necessary by the relevant medical authorities.

**EMERGENCY CONTACT**

|  |  |
| --- | --- |
| Next of Kin |  |
| Relationship to Participant |  |
| Contact Number |  | Mobile |  |
| Home Address |  |
| Postcode |  |

**PHOTOGRAPHY**

We will be taking photos of individuals or groups taking part in the activities. These photos are only used to promote Outdoor activities and will not be used for any other purpose. If you have any objection please tick the box. [ ]

**SWIMMING ABILITY (water activities only)**

* Are you able to swim 50 meters? YES / NO
* Are you water confident in a pool? YES / NO
* Are you confident in the sea or in open inland water? YES / NO

**AGREEMENT**To be signed by all those participating in the sessions.

We accept no liability whatsoever in respect of damage or loss of property however caused whilst taking part in the activities.
Participation in adventurous activities entails some risk of injury. Staff and all activity leaders are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risk of injury. However participants accept that accidents and injury may occur.
I agree to take part in the activities and acknowledge the need to behave responsibly.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date | ….../..…./…... |
| Full Name (CAPITALS) |  |