

Adult Consent / Medical Form



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| Name: | Activity Date: |
| Address: | Activity: |
| | Group Organiser: |
| Postcode: | Company (if applicable): |
| Tel: | D.O.B: Gender: M / F |

Emergency Contact Details

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|-------------------------------------|--------------------------------|
| Name: | Emergency Contact No's: |
| Relationship to participant: | |

Do you have any medical conditions and/or are you receiving any treatment or medication that we should be made aware of? This should include asthma, allergies, injuries, heart condition etc. If yes, provide details:

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|--|-----------------|-----------|
| Can you swim(if applicable) ? | Yes / No | |
| Do you have any dietary requirements (if applicable)? | Yes / No | |
| Please provide your height (cm) & weight (kg): | H: | W: |

Photo and video consent

I consent Mountain Adventure Lake District to take photo and videos as a means of promoting The business through publishing- Social media – displays – Presentation's – website **Yes / No**

Understanding & Acceptance of Risk

Whilst we are dedicated to the safety of our clients & endeavour to ensure all activities are operated to a very high standard of safety, there is always an element of unforeseen risk. Anyone wishing to take part in an activity operated by Mountain Adventure Lake District does so with this understanding. All activities offered can be physically demanding therefore, you should be in reasonably good health & physically fit before participating. It is always advisable to seek medical advice if unsure.

I confirm that the above details given are true and correct and that I am fit and able to participate in the activities. I understand that all activities take place in the outdoors where conditions may be wet, slippery and hazardous. I accept that there is an element in unforeseen risk and agree to take part in the organised activities at my own risk I agree to comply with the rules & regulations given by the staff at all times & should an instructor feel I am jeopardizing the safety of myself and/or others I will be excluded from the activity without refund.

I consent to any emergency medical treatment necessary by on-site first aiders or qualified medical respondents in the event of an accident.

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| Sign: | Date: |
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