

Medical & Risk Declaration



Group		Date attending	DD	MM	YYYY
Male	Female	Date of birth	DD	MM	YYYY
Full Name					
Address					
		Postcode			
Contact number		Mobile			
Email Address					

Have you suffered from any injury or complaint of the following in the past 5 years?

Legs	YES	NO	Ears/Eyes	YES	NO	Diabetes	YES	NO	Asthma	YES	NO
Arms	YES	NO	Lungs	YES	NO	Epilepsy	YES	NO	Bee Stings	YES	NO
Back	YES	NO	Heart	YES	NO	Dizziness	YES	NO	Other Allergies	YES	NO

If yes please describe

Date of last tetanus injection	DD	MM	YYYY			
Any other condition or medical problem (if none please state no)	YES	NO				

- You will not be excluded from any activity unless you are endangering yourself or others.
- Your instructor must be informed at the start of the activity of any medication being taken.
- If a child needs to take prescription drugs during a session, we must receive a written request

Next of kin

Name		Relationship with above	
Tel			
Doctor			
Name		Tel	
		Surgery	

I confirm that I have read and understood the information in this document and have completed the medical declaration to the best of my knowledge. I also realise that the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small cannot be eliminated without making the activity pointless. Mendip Outdoor Pursuits have done their utmost to minimise these risks. Participants should not do anything that may jeopardise their own or others safety and must comply with the instructions given by Mendip Outdoor Pursuits' staff. (Signing to this statement does not affect your legal rights or our obligations towards you.) Your signature gives the instructor concerned the right to take emergency action and make related decisions in the case of such action being considered necessary. We may take photos of sessions for use on promotional material, please write on the form if you are not happy for us to do this.

I agree to participate in the activities provided by Mendip Outdoor Pursuits. (Signatory must be the parent or guardian if under 18)					
Signed		Date	DD	MM	YYYY
		Name			

Any other information: if we are catering, are you vegetarian? Or can you not eat any foods? Do you not wish to participate in any particular activities? If so please give details here:

The information disclosed above is treated as strictly confidential.

MENDIP OUTDOOR PURSUITS has public and products liability insurance of £5 million, as well as employer's liability of £10 million. Personal belongings are participant's own responsibility. We do not accept responsibility for loss of additional expenses due to sickness, weather, strikes or any other causes. Personal accident insurance is not included.

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