

## Medical & Risk Declaration



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

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

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

If yes please describe

<b>Date of last tetanus injection</b>	DD	MM	YYYY			
<b>Any other condition or medical problem</b> (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**

<b>Name</b>		<b>Relationship with above</b>	
<b>Tel</b>			
<b>Doctor</b>			
<b>Name</b>		<b>Tel</b>	
		<b>Surgery</b>	

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)**

<b>Signed</b>		<b>Date</b>	DD	MM	YYYY
		<b>Name</b>			

**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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