

Personal Details

Name

Address

Postcode

Date of Birth

Age

Home Tel

Mobile Tel

Email Address

Person to Contact in an Emergency

Name

Address

Home Tel

Work Tel

Mobile Tel

Medical Statement

Do you have a medical condition/allergies to bites/food/medicines

Yes

No

If yes, please specify

Details of any Medication or Dietary needs

(*Please bring any medication/inhalers etc. with you)

I consent to emergency medical treatments being given if deemed necessary during the course of these activities

Yes

No

I am water confident

Yes

No

Participation Statement

Adventure Sports would like to draw your attention to the fact that outdoor activities are risk sports even though statistically the risk is slight. Safety is an integral part of all activities. I understand that whilst Adventure Sports will do its utmost to safeguard me; outdoor activities can be hazardous, and is undertaken at my own risk.

Signed Dated

(If under 18 by Parent/Guardian)

I given consent for my child to be photographed/videoed for the use of publicity only, which may include use on the Adventure Sports Northwest website or local press

Agree

Disagree

Signed by Parent/Guardian