



MEDICAL CONSENT AND STATEMENT OF RISK

Please read carefully and give full information, this will not necessarily affect your ability to participate, but will allow us to make necessary adjustments to accommodate. This form will be strictly confidential with staff, who will be able to read it to allow them to be aware of any information that will improve your experience and maintain safety for the whole group.

PARTICIPANT DETAILS

Participant:		Date of birth:	
Address:			
Email:		Post code:	
Tel:			
Programme you are attending:			
Shoe size		Jacket size	

EMERGENCY CONTACTS

Parent/Next of Kin:		Daytime tel.:	
Address:			

MEDICAL INFORMATION

Disclosure of any medical and/or disability information is unlikely to affect participation, but will ensure our team are able to prepare the activities to be inclusive for all. Non-disclosure could jeopardise the safety of an entire group, not just an individual.

Please give details of physical and/or mental disabilities/special needs: **(write 'none' if it doesn't apply)**

Medical conditions including medication and allergies e.g. asthma, epilepsy, diabetes, allergies. Any recent injuries or illness e.g. back strain, influenza: **(write 'none' if it doesn't apply)**

Can you swim 25 meters unaided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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STATEMENT OF RISK

My Expedition Rocks Ltd takes all reasonable steps to provide you with the level of care and safety appropriate to adventurous activities. You should however be aware that certain inherent risks remain which cannot be eliminated without destroying the unique character of the activity. Amongst other things, some of these risks can contribute to:

- the loss or damage of your personal clothing or equipment
- feelings of discomfort, fear and apprehension
- accidental injury, illness, or trauma which in extreme, but thankfully very rare cases, can be very serious.

Please inform staff if you are not comfortable with any of your programmed activities. My Expedition Rocks Ltd has clear obligations and responsibilities and we require participants to contribute to their own and each other's safety by following the instructions of our staff. Acknowledging these risks in no way compromises your legal rights, nor does it release My Expedition Rocks Ltd from any of its obligations towards you.

DECLARATION

I agree to the above-named participation in a range of activities with My Expedition Rocks Ltd. I declare that the information on this form is correct to the best of my knowledge and that if any changes occur before activities, I will inform the organisers. (Parental consent is required for under 18s). Form must be printed off and signed; digital signatures cannot be accepted.

Signature (Participant or Parent/Guardian if U18)

Signed:	Date:
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