**MEDICAL AND CONSENT FORM (compulsory)**

** 1. PERSONAL DETAILS:**

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| --- |
| Name and Address of Client: |

 **2. CONTACT DETAILS:**

|  |  |
| --- | --- |
| Mobile No: | Email: |

**3. MEDICAL INFORMATION:**

|  |
| --- |
| Medical concerns or special instructions regarding participation:(specify if any individual medical requirements)  |

**4. EMERGENCY CONTACT:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship: | Ph Home: | Ph Mobile: |

**5. CONDITIONS:**

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| --- |
| All participant are suitable candidates to participate in these events  |
| All participants agree to abide by the safety induction requirement of:1. Adhering to the guides advice before the event, at all times during the event, being aware of the safety concerns of other participants and conducting themselves in a safe manner throughout the event. 2. All participants are aware that these activities can be dangerous and may result in injury or death. 3. All participants agree to abide by the terms and conditions. |
| All participants agree to abide by the suitability requirements of Land Activities: Comfortable, weather appropriate outdoor clothes (tracksuits, jogging pants, fleeces, etc and footwear, old trainers. Warm change of clothes for afterwards. Insect repellent. Sun screen  |
| All participants agree consent for their image to be used on occasion for promotional purposes. |

**6. SIGNATURE:**

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| Signed: Date:  |

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| **Participant NAME** | **Contact no.** |
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