



## Wild Adventure Medical and Consent Form

### Participant information

Name;	
Date of Birth;	Contact Number;
Address;	

Emergency contact name	Relation to participant	Contact number

Medical
Details of any allergise or medication currently being taking?
Any allergies, intolerances or dietary restrictions?
Details of any medical, disabilities or additional information that may affect yours or others safety during this activity: If you/the participant need to discuss this with the instructor please do this now otherwise you/the participant may not be able to participate/may not get the fullest experience.

I consent to photos during the session, and for these to be used for advertisement purposes.



Wild Adventures LTD recognises that outdoor activities are adventurous activities with a danger of personal injury or death. Although we are managing the risk, participants should be aware of & accept these risks & be responsible for their own actions.

### Statement of risk

1. I have ensured that I/the participant understand(s) the nature and risks of the activity and for his/her/my safety and for the safety of the group that any rules and instructions given by leaders are followed.
2. I undertake to inform the leader of the activity of any changes in the fitness or health of the participant/myself prior to the activity.
3. I am in agreement that those in charge may give permission for the participant (detailed above) to receive medical treatment in an emergency.

A parent or guardian must complete and sign this form if the participant is under 18 years of age.

Signed (participant/parent or guardian)

Date