

# RHOC Consent Form

## Outdoor Activities – All Participants.

Name			
Date of Birth		Age	
Group			
<b>Medical Information</b> Are there and medical conditions we need to be aware of?	Yes	No	
If 'Yes' please give more information.			
<b>Medicine</b> Are you currently taking any medication for anything?	Yes	No	
If 'Yes' please give more information.			
<b>Diet</b> Do you have any specific dietary requirements?	Yes	No	
If 'Yes' please give more information.			
<b>Additional Needs</b> Are there any additional needs we should be aware of?	Yes	No	
If 'Yes' please give more information.			
<b>Photo Consent</b> Do you consent to photos being taken on the day, and being used in future marketing publications and/or social media promotions?	Yes	No	
<b>Emergency Contact 1</b>	Name		
	Relationship		
	Contact		
<b>Emergency Contact 2</b>	Name		
	Relationship		
	Contact		
<b>Declaration</b> All the information I have provided is true to the best of my knowledge.	Yes	No	
<b>Sign &amp; Date</b>	Name	Date	