



**OUTLOOK
ADVENTURES
SCOTLAND**

Details of Adult Participants

Experience has shown that we need to have the emergency contacts and personal details of all leaders and other adults participating in our courses. This allows us to respond appropriately in the rare occasions when a person is injured, ill, or otherwise incapacitated. Please cooperate by completing this form and returning it to us.

PERSONAL DETAILS

Name of Group / Course:

Dates of Stay/Course:

Surname: _____

Forename: _____

Address: _____

Home

Tel: _____

Details of person to be contacted in an emergency:

Name: _____

Daytime tel no.

Evening tel no.

Other tel no. (e.g. mobile):

DECLARATION – *To be completed by persons taking part in Outlook Adventures activities.*

I undertake to make a full declaration of any medical complaint or condition that may affect my participation in this course. Whilst I understand that every effort will be made by the staff at Outlook Adventures to care for my safety, I appreciate that some of the activities can be dangerous and that accidents can happen. I understand that I am at liberty to withdraw from any activities I do not choose to take part in.

Medical

Details: _____

Special dietary requirements
(e.g. vegetarian):

Signature:

Date: _____

The Company carries the appropriate employee & public liability insurance. You may wish to supplement this by taking out your own insurance to cover personal injury and personal effects, which are not covered by the company.