

ENROLMENT AND MEDICAL INFORMATION

Please complete all questions on this form fully and honestly. The information provided will be treated in the strictest confidence and is essential in order to enable The Expedition team to provide appropriate medical help and support, if required.

Please ensure that this form is completed and returned to the group leader at least six weeks prior to the start of your course.

If you wish to advise us of any confidential issues which may affect you during your course, please contact our office (office@theexpedteam.com).

Medical details - If at the start of your programme it is found that information has not been given correctly, The Expedition Team reserves the right to refuse participation. If there are any changes to your medical details you must inform the group leader immediately.

People aged 45 and over have a higher risk of heart problems, fractures and other conditions if they **suddenly** take up moderately demanding physical exercise of any kind. This is particularly true of people who do not take regular exercise or who are overweight. If you are concerned about your physical suitability for the course, please feel free to contact us, or seek advice from your doctor and obtain confirmation that it is appropriate for you to participate.

Event Date.....

Participant Details (Block Capitals)

First Name.....

Surname.....

Date of Birth / /

Male / Female

Home Tel

Mobile

Home Address

.....

.....

.....Post Code.....

IMPORTANT: If you answer 'yes' to Q1-5, you MUST complete the relevant Supplementary Medical Questionnaire. Have you ever had:

- 1** Heart trouble, angina, raised blood pressure? Y / N
- 2** Asthma, bronchitis, tuberculosis or other lung conditions? Y / N
- 3** Diabetes? Y / N
- 4** Epilepsy, fainting attacks, migraine, severe head injury? Y / N
- 5** a) Allergy to foods (eg. nuts, dairy produce etc.)? Y / N
b) Other allergic reactions (eg. bee stings, detergent.)? Y / N

IMPORTANT: If you answer 'yes' to Q6-16, please give details, including dates, below (continue overleaf if necessary).

- 6** Nervous illness, depression or other psychiatric condition? Y / N
- 7** History of broken bones, muscle tears or tendon/ligament damage? Y / N
- 8** Stomach, digestive, abdominal problems? Y / N
- 9** Blood disorders? Y / N
- 10** Bladder, urinary problems? Y / N
- 11** Severe hearing or visual impairments? Y / N
- 12** Are you suffering from, or are you a carrier of, any infectious diseases, or have you travelled from an area where you may have been exposed? Y / N
- 13** Have you been treated by a doctor or in hospital within the last two years for anything other than a trivial complaint? Y / N
- 14** Are you taking any medication? (If so, please state the condition being treated, name the medication, state the dosage details and ensure that you bring enough.) Y / N
- 15** If female, do you know or suspect that you are pregnant? Y / N (If so state at what stage of pregnancy you will be when starting your activity.)
- 16** Do you have, or suffer from, any other diagnosed medical or physical condition or is there anything else you wish us to know about? Y / N

MEDICAL INFORMATION

Height

Weight

During your programme, The Expedition team may take photographs or video clips to be used in our marketing material, course reports and websites.

Please tick this box if you **do not** wish us to use images or footage of you.

CONSENT. We consider our safety arrangements to be at the forefront of our planning processes. The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do an activity and if any participant has concerns they should make these known to their leader. The level of risk associated with our activities is normally very low, and probably no greater than that experienced by active people in everyday life.

I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THIS FORM IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT:

If participant is over 18, the participant must hand sign below:

Signature:

Email Address:

Date:/..../....

A parent/guardian **must sign** for a participant who is **under 18**, and by signing endorse the following statement: “ I consent to the above named person participating in the event and consent to him / her taking part in all activities. In the event of an emergency and The Expedition Team being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain his / her well-being.”

Parent/guardian, please hand sign below:

Signature:

Email Address:

Date: Print name

Relationship to participant:

Any other relevant information: