

Participant Details

To be completed by all participants. Personal information on this form will be kept confidential.

Activity		Date	_/_/___
Name		Date of Birth*	
Home Address		Mobile	
		Landline	
		Email	
Are you willing to receive occasional emails about our courses?			Y/N

* Participants under 18 require a parental consent form.

Are you able to swim 50m	Y/N	Please list any allergies		
Have you received a tetanus injection in the last 5 years?			Y/N	
Are you currently taking any medication?				
Do you have any pre-existing medical condition or injury that may be relevant?			Y/N	
If in doubt please ask your instructor. If you require more space please continue overleaf.		Details:		
Name of Next of Kin/ Emergency Contact				
Contact Number				

Adventure activities carry with them a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

I have read and understood the participation statement above and accept that an element of risk is present in adventure activities.

Signed:..... **Date:**.....