

PLEASE FILL IN:

<b>GROUP NAME:</b>		<b>DATE(S):</b>	
<b>ACTIVITY/ACTIVITIES:</b>			

<b>NAMES OF PARTICIPANTS:</b>			
1.	2.	3.	4.
5.	6.	7.	8.

<b>DATES OF BIRTH/AGE OF PARTICIPANTS:</b>			
1.	2.	3.	4.
5.	6.	7.	8.

<b>NAME &amp; NUMBER OF EMERGENCY CONTACT (ICE):</b>			
1.	2.	3.	4.
5.	6.	7.	8.

MEDICAL/HEALTH DETAILS	1.	2.	3.	4.	5.	6.	7.	8.	Please give details in the box provided
	<i>Please circle or delete as appropriate</i>								
Diabetes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Epilepsy	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Any disability	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Joint/muscle issues	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Asthma	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Recent surgery	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Heart disorder	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
High/low blood pressure	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Any other medical condition	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Are you taking any medication	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Any special dietary requirements	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	

<b>If YES to any of the above then please give name and contact of your doctor:</b>									
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.

Are you confident in water? (ghyll)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
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<b>Is there any reason why you should not participate in any of the following activities:</b> <i>Ghyll Scrambling / Abseiling / Rock Climbing / Mountaineering / Via Ferrata / Hiking /Swimming</i>									
1.	2.	3.	4.	5.	6.	7.	8.	<b>If YES please give further details in the box provided</b>	
<i>Please circle or delete as appropriate</i>									
Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		

**DECLARATION:**

I have visited [http://www.cragсадventures.com/terms\\_and\\_conditions/](http://www.cragсадventures.com/terms_and_conditions/) and I have read and fully understood the terms and conditions. I am also aware that the nature of the activity/course could be physically demanding.

**I am/my child is** in good health and I consider **myself/my child** capable of taking part in activities ran by *Craggs Adventures*. I consent that in the event of any illness or accident, any necessary treatment can be administered to **myself/my child**. I understand that *Craggs Adventures* has full public liability insurance cover, however it is my responsibility to arrange appropriate personal insurance cover for **myself/my child** for the activities being undertaken with *Craggs Adventures*.

I accept that rock climbing, mountaineering, abseiling, ghyll scrambling, via ferrata and hiking are inherently dangerous and the risk of serious injury or even death can never be completely eliminated. I agree to abide by all decisions and instructions made by *Craggs Adventures*, its instructors, coaches and representatives regarding safety issues.

I understand that although it is unlikely, I may receive breaks. I also understand that bruising, scrapes, sprains, grazes and cuts are highly likely due to the nature of the activity I have chosen. I understand *Craggs Adventures* cannot accept responsibility for preferred clothing, footwear and equipment used by the customers for use in the outdoors.

I **agree to myself/my child** having photographs taken during the activity session, to be used only by *Craggs Adventures* for publications or media coverage. I also understand that photographs taken by *Craggs Adventures*, its instructors, coaches and representatives are owned by Craig McMahon/Vickie McMahon of *Craggs Adventures*.

I accept that the Activity Leader has the discretion/power to ban/exclude any participant from the activity whose behaviour is unacceptable and causes disruption to the session and in that case it will be my responsibility to leave the activity with my child.

On completing this booking/medical/declaration form I understand that I am acknowledging that I agree to all the terms and conditions and I fully agree to abide by them. I also acknowledge that all the information given on the booking/medical/ declaration form is correct and that I have fully understood all questions asked.

	PRINT	DATE	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If participants are under 18 years of age then this form must be completed and signed by a parent/guardian.

	NAME OF PARENT/GUARDIAN	DATE	SIGNATURE
1.			
2.			