

Consent / Medical Form

Participation Statement:

The activities and tours that Intrepidus Outdoors Ltd / MY Adventure (Edinburgh) LTD deliver are undertaken in a way that manages the potential risk to clients, instructors, and the environment. Nevertheless, outdoor adventurous activities, by their nature, contain hazards and despite the greatest care, accidents still occur. Clients participating in our activities must be aware that, while we take all reasonable steps to safeguard against hazards, involvement in adventurous activities places participants at risk of potential serious injury.

Our instructor team are responsible for the safety of clients during activities, programmes, and courses. To help manage the risks appropriately, we request that all participants inform our team regarding any medical issues, or disabilities that may affect their ability to participate. Furthermore, by signing this consent form clients are certifying that they are in suitable physical and mental state to undertake this activity.

The Intrepidus Outdoors / MY Adventure Team adhere to a "Challenge By Choice" philosophy. Therefore, by signing this document you are agreeing that you have enrolled on the activity of your own choice, are aware of and accept the inherent risk associated with the activity and understand that they are not obliged to participate in the activity.

Information:

Date: <small>(Of Activity)</small>	
Activity:	

Name: <small>(Participant)</small>		DOB: <small>(Date of Birth)</small>	
Address:			
Postcode:			
Email:			
Contact Tel:			
Name & Telephone number of person to be contacted in an emergency			
1) Name:..... Number:.....			

Medical Disclosure:

Doctors Surgery:	
Do you have any medical conditions? E.G. Asthma, Epilepsy, High Blood Pressure, Diabetes, Angina	
Do you have any allergies? E.G. Penicillin, Pollen, Insects, Nuts, Grass, Neoprene?	
Do you have any recurring joint or back problems that will impact your ability to undertake the activity?	
Please outline any previous hospital admissions which are of relevance to participation in this adventurous activity	
Please list any medications taken or required (Including inhaler/spacer, epi-pen adrenaline auto injector)	
Is there anything else we need to know?	Can you swim?

Consent:

Over 18

I agree to the participation statement above, acknowledge that adventurous activities contain a degree of risk and I have declared any medical conditions that might be relevant.

I also agree that photographs and videos taken during activities may be used in promotional material by Intrepidus Outdoors.

Under 18

(If signing as a parent/guardian) I agree to my child taking part in the activity specified and I have declared any medical conditions that might be relevant.

I agree that photo/video of my child can be taken and used in promotional material by Intrepidus Outdoors.

If you disagree please tick here

Name: (If Under 18 parent or guardian)			
Signature		Date	

*For Under 18s this form must be completed and signed by a parent or guardian.