

Astounding Adventures booking/medical form



Participant details

Title:	First name:	Surname:
Address:		
Post code:	Date of birth:	
Contact number:	Email address:	

Course/activity details

Course/activity name:
Course/activity start date: First choice Second choice

Discount & gift voucher claims

Club membership number:	Club membership expiry date:
Gift voucher number:	Discount voucher number:

Medical declaration

Please list any current medical or psychiatric conditions including, high blood pressure, epilepsy, heart disease, stroke, asthma, diabetes or if you are pregnant?

If you do not have any please write none

Do you have significant past medical or psychiatric problems including, high blood pressure, epilepsy, heart disease, stroke, asthma or diabetes?

If you do not have any please write none

Please list any medication taken. Please include those bought at a chemist, prescribed and contraception

If you are not taking any please write none

Please list any allergies (drug/food/bites & stings/other) and state your reaction (for example minor irritation rash or life threatening)

If you do not have any please write none

Emergency contact:	Contact number:	Relationship:
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Declaration

I confirm that I have had brought to my attention the terms and conditions relating to this booking, in particular, those concerning cancellation. I understand that bookings are accepted on the understanding that all safety regulations imposed by the company are observed. I accept that the company is not under any liability whatsoever in respect of loss or damage to personal property not caused by the negligence of the company or it's representatives. I confirm that I have read and understood this questionnaire and that the information I have provided is accurate to the best of my knowledge.

I declare I am physically fit and healthy enough to take part in the course/activity. I acknowledge that taking part in adventure activities can be hazardous, and waive and renounce any rights and claims for damages I may have against the organiser or their agents for loss/injury as a result of participation in this course. I consent to the sharing of this information with medical professionals where deemed necessary.

If you are unsure about a conditions' relevance, please call and ask. Any disclosures will be treated in the strictest confidence. If you are under 18, your parent/guardian must sign their consent for you to participate in the course/activity.

Signature:

Signature date:
