

PERSONAL INFORMATION

Anyone involved in a Session (participating or spectating) must complete this form in BLOCK CAPITALS.

Full Name:

Address:

Post Code:

Date of Birth:

Person to contact in an emergency:

Emergency contact number:

Please state any **medical conditions**/illnesses/allergic reactions that you have (e.g. asthma, heart conditions, pregnancy, back problems).

Please state any medication that is used to **control** these conditions (e.g. inhaler, adrenalin etc):

If you have an existing medical condition, we recommend that you take advice from your GP to establish what sort of activity it is safe for you to take part in.

I confirm that:

Please tick the boxes

- I can swim 50 meters in a pool- **if coasteering**
- I have read and understood this form and **declared** all of my existing **medical** conditions.
- I will not take part in any activity that I know may aggravate an existing medical condition.
- I agree to take responsibility for my personal belongings at the Session.
- I agree that any photographs or digital images taken by Dorset Adventures may be used by for publicity purposes for the company.

Acknowledgement of risk-

- I am fully aware that climbing and coasteering can be dangerous activities and I am happy to participate in this session.**
- I agree to be a responsible participant during the Session and follow the Instructor's directions.**

Signature of participant:

Date:

If person is under 18yrs old then please then the Person with parental responsibility for the young person must complete this section.

Date of birth of Young person

I give my permission for my child/daughter to participate in the above session and I Confirm that they are over 12 years old and can swim 50 meters.

Signature of person with parental responsibility-.....