



Medical and Consent Form

This form must be completed by each person attending an outdoor activity course and signed by a legal guardian for those under 18. The information given is confidential and is only available to staff who need to know for safety reasons. They are kept securely after each course.

Name: _____ Date of Birth: _____
 Contact address: _____
 _____ Postcode: _____
 Tel: _____ Mobile: _____
 In an emergency please contact: _____ Tel: _____
 I would like to receive How Stean News by email (tick) Email: _____

Please give details of any medical conditions that may affect the course member's ability, including advice given by the doctor. Course members are rarely excluded from an activity due to a medical condition, so please do not omit anything.

- Can the participant swim 25 metres? (tick) YES NO
- Is the participant under the influence of any drugs or alcohol which would in any way impair my/their ability to safely participate in the activities? (tick) YES NO

- Please indicate if the course member will be taking any medication during the activity and who is responsible for it.

PLEASE NOTE: Staff are not allowed to administer any medicines whatsoever and do not have medications available such as insect creams or aspirin. However, instructors are trained in first aid, carry first aid kits and will look after medications for those under 18 (e.g. inhalers) if written evidence is given that the medication is required.

IMPORTANT

The activities we provide are physical and demanding, which obviously have inherent hazards, associated with them. Whilst How Stean Gorge LLP will take all necessary precautions to try and ensure the safety of all participants, unfortunately accidents can occur. How Stean Gorge LLP accepts no responsibility whatsoever for any loss or injury resulting from any persons' involvement in these related activities, unless to be proven by our negligence. It is understood and agreed that individuals participate at their own risk. How Stean LLP reserves the right to cease the activity if instructor judges the actions or ability of the participant is not of the expected standard. Nothing in this Medical and consent form excludes or limits How Stean Gorge LLP's legal obligations in relation to the health and safety of all participants. **I have read and understand the above statement.**

Signature: _____ Date: _____

Consent for Under 18's: As parent/guardian I consent for the child named above to participate in the activities outlined in attached itinerary. I have read and understand the above statement.

Signature: _____ Name: _____ Date: _____

Relationship to course member: _____



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