

ADULT

BATTLELANDS ACTIVITY MEDICAL & RISK DECLARATION

YOUR MAIN ACTIVITY OR BOOKING REFERENCE

FIRST NAME		DATE ATTENDING	DD	MM	YY
SURNAME		DATE OF BIRTH	DD	MM	YY
PHONE NUMBER		AGE (if under 18)			
HOME ADDRESS		GENDER	MALE	FEMALE	N/A
POSTCODE					

IN THE LAST 5 YEARS HAVE YOU SUFFERED FROM ANY INJURY OR COMPLAINT WITH THE FOLLOWING: (circle yes or no)

LEGS	YES	NO	EARS	YES	NO	DIABETES	YES	NO	ASTHMA	YES	NO
ARMS	YES	NO	LUNGS	YES	NO	EPILEPSY	YES	NO	EYESIGHT	YES	NO
BACK	YES	NO	HEART	YES	NO	DIZZINESS	YES	NO	ALLERGIES	YES	NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE DESCRIBE THE ISSUE (continue on reverse if required)

ANY OTHER SPECIAL NEEDS OR MEDICAL REQUIREMENTS (circle yes or no. If yes please describe the issue)

YES	NO
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EMERGENCY CONTACT		RELATIONSHIP		TEL	
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ANY OTHER INFORMATION: (e.g. special dietary needs, phobias, fears or anything else to note)

Medical Conditions: Please make us aware of any medical conditions that you might require support with so we can be best prepared to assist you. You will not be excluded from any activity on account of your condition unless we believe that it may cause danger for you or others.

Medication: At the start of your session, you must inform your instructor of any medication you are taking. If a minor needs to take prescription drugs during a session, we must receive notice from an appropriate adult in writing. If you have an inhaler please ensure you bring it with you and keep it accessible.

Personal Items : Battlelands cannot take responsibility for loss or damage to any personal possessions, valuables or clothing brought to our activity sessions, locations, accommodation or left in vehicles.

I confirm that I have read and understood the information in this document and have completed the medical declaration to the best of my knowledge. I do NOT have any medical conditions or uncorrected defective eyesight that may preclude me from undertaking the activities or could cause a danger to myself and/or others. Battlelands has done their utmost to assess and manage any risk, however I understand I am about to undertake a strenuous outdoor activity which by its nature has an inherent and inevitable level of risk which, however small, cannot be eliminated entirely. I will not do anything that may jeopardise my own or others safety. I will comply with the instructions given by Battlelands team and understand they have the right to take emergency action and make related decisions in the case of such action being considered necessary. I acknowledge photographs are taken for training and promotional purposes (Please write on this form if you do not wish to be photographed). **Signing this declaration does not affect your legal rights or our obligations towards you.**

I understand and agree to the above statements

SIGNED	NAME				
	DATE	DD	MM	YY	