



Personal & Medical Information

The following information is required in order for us to provide you with the best care possible in the unlikely event of an accident or illness. This form will remain confidential, with the contents only being disclosed to those to whom it directly relates.

Name of participant

Home address

Home telephone

Person to contact in an emergency

Relationship

Telephone number

Medical information

Please state any relevant health/medical information that we should be aware of given the activity you are about to undertake:

Please state if you are on medication giving brief reasons why and the dose taken:

The information I have provided about my relevant medical history is accurate to the best of my knowledge.

I accept that Grahame Robb Associates Ltd., (GRA), staff are not medically qualified and therefore cannot determine whether or not I should participate in specific activities on medical grounds. ***The final decision for my participation is mine.***

Signature of Participant:

Date:/...../.....

Thank you. Now please turn over and complete the second side of the form.



Acknowledgement of Risk

Please read the following and sign at the bottom.

Outdoor activities offer unique opportunities for learning and personal development. Grahame Robb Associates Limited has undertaken risk assessments for this activity and put control measures in place so that risks are either eliminated or minimised for participants who follow proper guidance and instruction given to them.

However, you should be aware that certain inherent risks remain which are integral to the activity and which cannot be eliminated without destroying its unique character. The level of real (as opposed to apparent) risk associated with this activity of Grahame Robb Associates Limited is very low. We appreciate your help in providing a safe environment and ask that your ability to participate is not affected by being under the influence of alcohol, drugs or other intoxicants.

Acknowledgement

I recognise that:

- the nature of the risks may be different to those with which I am familiar
- elimination of some risks and minimising others requires me to follow guidance and instructions properly given to me
- certain inherent risks remain
- it is my responsibility to ensure my ability to participate is not reduced by the effects of alcohol, drugs or other intoxicants

Signing this Acknowledgement of Risk does not compromise my statutory rights, nor does it release Grahame Robb Associates Limited from any of their obligations towards me. I have however, read and understood the content of this Acknowledgement of Risk.

In addition, I confirm that I have read and understood a copy of the **terms and conditions** relating to this activity and that I accept them.

Signature of Participant:

Date:/...../.....

We reserve the right to refuse to allow anyone to participate where it is clear they have ignored our requirements and advice regarding safety.