

Medical and Assumption of Risk Form

Name of Participant _____ Date of Birth _____

Address _____ Postcode _____

Assumption of Risk - Please read this before you sign anything!

I am aware that during the course, guided trip or any other activity that I am participating in under the guidance of the Trekking Company that certain dangers and risks do exist and may occur, including but not limited to the hazards of travelling in mountainous terrain, accident or illness in remote places without medical facilities, travel by car or other conveyance, the forces of nature and those arising out of the rigours required of such activities. Knowing of these risks, dangers and rigours required of said activities, I certify that I am fully capable of participating in these activities. I will follow the instructions of Trekking Company staff for the duration of the course whilst under tuition and accept and act upon their decisions regarding any matter pertaining to safety or the organisation of the activities. Excepting these periods I release the Trekking Company and any of its staff of any and all responsibility or liability of any nature for bodily injury, death, loss of property or expenses incurred. I have read, understand and accept the terms and conditions stated in the Booking Form and on the TrekCo website and also the cancellation and refund policy and acknowledge that this agreement shall be binding. I (the signatory) am over 18 years of age.

Medical Details

Responsible Adult to be contacted in case of emergency

NameRelationship to participant

Address (if different from participant's)

.....

Home / Work Phone Mobile

Doctor's Name and Address.....

Your National Health Number:.....

Do you suffer from any known medical condition or phobias?.....

Are you taking any medication?

To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that might be contagious or infectious? YES/NO

If YES, please give details:.....

Date of last tetanus injection.....

Any known allergies (penicillin, plaster, insect bites etc):

Dietary requirements:

Please indicate if you have specific dietary needs – (although Expeditions are not catered, there may be occasions where we need this information)

Please indicate any other information below or overleaf:

Please include any possibly relevant information including symptoms, treatments and medication (if you are not sure, please tell us anyway) and remember that you will be taking part in strenuous physical activities

Signature _____ Date _____

Signature of Parent/ Carer if under 18 at the date of signing this form _____