

Medical and Consent Form

Participant Details		
Name:		Date of birth:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile phone:	Landline:
Address:		

Emergency Contact (must be over 18)	
Name:	Relationship to participant:
Mobile phone:	Landline:

Medical
Details of any allergies or medications currently being taken:
<p>Details of any medical, disabilities or additional information that may affect yours or others safety during this activity: If you/the participant need to discuss this with the Event Leader please do this in advance of the event otherwise you/the participant may not be able to participate.</p>

Statement
<ol style="list-style-type: none"> 1. I have ensured that I/the participant understand(s) the nature and risks of the activity and for his/her/my safety and for the safety of the group that any rules and instructions given by leaders are followed. 2. I undertake to inform the leader of the activity of any changes in the fitness or health of the participant/myself prior to the activity. 3. I am in agreement that those in charge may give permission for the participant (detailed above) to receive medical treatment in an emergency.
A parent or guardian must complete and sign this form if the participant is under 18 years of age.
Signed (participant/parent or guardian): _____ Date: _____
<p>Photographs of groups or individuals may be used for promotional and advertising purposes by Adventure Dolphin and/or Pangbourne Paddlesport Club. If you do not want the participant to appear in these photos, please tick this box. <input type="checkbox"/></p> <p style="text-align: center;">Please bring this signed form with you to the event.</p>