



**PERSONAL INFORMATION** [Please write clearly when completing this form]

<b>Full Name:</b>		<b>Job Title:</b>	
<b>Organisation:</b>			
<b>Address:</b>			
<b>Telephone:</b>		<b>Mobile No:</b>	
<b>Email :</b>			
<b>Date of Birth:</b>		<b>Sex:</b>	
<b>Weight : [St/Kg]</b>			

**DOCTOR AND EMERGENCY CONTACT**

<b>Doctor's Name:</b>		<b>Dr's Phone No:</b>	
<b>Contact Name in case of emergency</b>		<b>Contact No. in case of emergency</b>	
<b>Relationship to Contact</b>			

Please state any medical conditions/illnesses/allergic reactions that you have (e.g. asthma, heart conditions, pregnancy, back problems).

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Please state any medication that is used to control these conditions (e.g. inhaler, adrenalin etc):

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If you have an existing medical condition, we recommend that you take advice from your GP to establish what sort of activity it is safe for you to take part in.

I confirm that:

- > I have read and understood this form and declared all of my existing medical conditions.
- > I will not take part in any activity that I know may aggravate an existing medical condition.

**ACCEPTANCE OF RISK**

There will always be some risk involved in any type of adventurous activity, and indeed the benefits of the activity would probably be nullified if these risks were completely removed. The type of risk is generally confined to the same sort of risks that a normal adult involved in normal active recreation may experience. We consider the level of risk to be low and reasonable. However, you must decide if you also consider it reasonable. Our 'challenge by choice' approach endeavours to ensure that participation in any activity is always at your own discretion. The above declaration does not absolve Head 4 Heights of its "Duty of Care" and other legal responsibilities.

<b>Signature of Participant :</b>		<b>Date:</b>	
<b>Please Print Name :</b>		<b>Instructors use:</b>	