

## Charity Event Medical Declaration Form

Please complete all sections and return promptly.

**YOUR DETAILS**

Title: ..... First name: ..... Surname: .....  
 Address: .....  
 ..... Postcode: .....  
 Mobile/tel no: ..... Email address: .....  
 Weight: ..... (min 6 stone/max 18 stone) Height: ..... Date of birth: .....

Please give details of any allergies, current/recent medical conditions, operations, illnesses, injuries, disabilities or other information we need to be aware of e.g. balance impairment, severe anxiety/fear of heights, poor fitness (continue overleaf if required):  
 .....  
 .....

Please inform Over the Edge Adventure instructor on the day of the event of any changes since the completion of this form. We pride ourselves on our ability to cater for individual needs, however should it be deemed that someone's condition or ability put that person or others at risk then they will not be allowed to participate. The more notice we have of any special requirements the more able we are to cater for your needs.

**EMERGENCY CONTACT**

Name: .....  
 Relationship: ..... Tel no (on day): .....

**PARENTAL CONSENT**

A minimum age of 14 applies. Participants aged 14-17 on the day of the event must be accompanied by their parent/legal guardian (acting in loco parentis is not adequate). The parent/legal guardian must remain within eyesight and earshot of the child at the event – this will normally mean they need to accompany them as is reasonably practicable during their participation.

I am the parent/legal guardian of the person named above and give my consent to their participation in the above event.

Signed: ..... Date: .....  
 Name: ..... Relationship: .....

**AGREEMENT**

I will abide by the safety briefings at the event and instructions given by Over the Edge Adventure staff. I have read the Participants Information Sheet and have completed this Medical & Risk Declaration to the best of my knowledge. One of the attractions of outdoor activities is their adventurous nature; I am aware of and accept the elements of risk, take responsibility for my own actions and will not do anything that could put myself or others at risk. If I am in any doubts about my ability to take part I am responsible for consulting a doctor prior to the event. I understand that Over the Edge Adventure and St Peter's Hospice is under no liability in respect of personal loss or injury that I sustain, except as required by law. If I would like personal accident insurance I shall make the necessary arrangements. This will not effect, as will none of the above, my statutory rights or Over the Edge Adventure's and St Peter's Hospice's obligation towards me.

Signed: ..... Date: .....