

Confidential Medical Form & Disclaimer

Please print in capital letters and return on your activity day.
(A parent or guardian must sign for participants under eighteen years of age)

Participant Name.....

Group / School Name.....

Date of Activities:

Address:

Email

Address.....

We'd like to send you the occasional email about special offers & events at Hardraw Old School Bunkhouse. We'll only contact you when we've got something we think you'd like to hear about and we'll never share your details with anyone else.

Please tick here if you'd prefer not to be contacted

During your activity, we will take photographs and share them with your group leader via Dropbox. We may wish to use selected shots on our website or in our information folder for guests.

Please tick here if you do not wish photographs to be used in this way.

Contact Number

Home.....Work.....Mobile.....

Next of Kin –

Name.....

Relation to participant.....

Next of Kin Contact Phone Number.....

Medical Information

Please list any medical problems / allergies the participant has (continue on a separate sheet if necessary)

Please list any medication the participant has (e.g. Inhalers etc)

Is the participant water confident Yes / No

Disclaimer Form

Important: Please read the following document before signing:

I (*print name*) wish to participate in a caving / mountain biking / gill scrambling / walking / team building / abseiling / climbing activity day (*delete as appropriate*) on(*add date/s*).

If **under eighteen** this form must be read and signed by a parent or guardian of the participating young person on their behalf. It is the responsibility of the parent/guardian to ensure that the young person is aware of the risks involved in participating in adventurous activities, and that they understand the importance of the following terms.

- 1) **I understand and fully accept that participating in outdoor activities entails some risk, and that while risks are minimised, accidents and injury may occur.**
- 2) I will ensure that I am fully prepared for my activity day, bringing appropriate clothing and footwear for the activities I am participating in and the weather conditions, plus a full change of clothes and any medication I may need.
- 3) Whilst on an activity, I will listen carefully to and abide by all instructions and rules given to me by instructional staff. I understand that failure to do so may result in an accident.
- 4) I agree to wear all safety equipment provided in the manner demonstrated by instructors.
- 5) I understand that certain elements of participation in outdoor activities will involve physically challenging activities.
- 6) I acknowledge that I am responsible for my own behaviour whilst on HOSB's premise or under activity instruction. Offensive, aggressive or disruptive behaviour will result in me leaving the session, or premises.
- 7) I acknowledge that I am also responsible for my own possessions whilst at HOSB. We advise that valuable possessions are left at home.
- 8) **In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that HOSB, nor individual instructional staff, will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with, the activities (except for death or personal injury caused by instructor negligence) and I waive all and any claims against HOSB and instructional staff in this respect.**
- 9) To the best of my knowledge I have declared all medical conditions (including pregnancy) which may make it more likely that I be involved in an incident which could result in injury to myself or others.
- 10) **For parents and guardians signing on behalf of an under eighteen year old participant:** I also accept that the group leader/organiser is directly responsible for my child between activity sessions, and that they are not supervised by instructional staff outside of activity sessions.

I have carefully read, and understood, the above and, in signing below, I agree to these terms.

Signed
(*Parent / guardian must sign for under eighteen year old participants*)

Print Name

Date