

Keswick Outdoor Adventure

Keswick Outdoor Adventure: Activity Participant Information and Acknowledgment of Risk

0100 2075 922

Booking Name _____
Date of Event _____

Participant:	Next of Kin
Name _____	Name _____
Date of Birth _____	Relationship _____
Home Address _____	Contact Numbers _____
	Home _____
	Work _____
Mobile _____	Mobile _____

Allergies
Food Allergies (indicate severity and trigger) _____
Other - please be as specific as possible _____

Medical Information
Family Doctor:
Name _____
Address _____
Phone number _____

Please give details of any medication you are taking which you may require during activity sessions:

Please provide a list of medication you are taking and if you require it in an emergency.

Please give details of any relevant medical conditions or allergies:

Adventurous activities are physical and demanding sports, which obviously have inherent hazards associated with them. Whilst Keswick Outdoor Adventure take all necessary precautions to try and ensure the safety of all participants, each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with Keswick Outdoor Adventures' risk management guidelines which are available upon request. Furthermore, it is understood and agreed that individuals participate at their own risk.

We hereby declare that I fully understand the nature of the activity and the associated risks and I agree to participate at my own risk.

Over 18s:

Signed _____
Print Name _____
Date _____

Under 18s - Parent Guardian Consent

Signed _____
Print Name _____
Date _____