

THIS IS AN IMPORTANT DOCUMENT, PLEASE READ BEFORE SIGNING

ANY INFORMATION PROVIDED BELOW IS RECEIVED IN CONFIDENCE AND WILL ONLY BE SHARED IN AN EMERGENCY



Do you have any medical conditions or additional needs?

Telephone number of person

to call in case of emergency

I understand outdoor activities have an inherent level of risk which however small cannot be eliminated entirely. I accept these risks and will follow all safety guidelines and advice. To the best of my knowledge I have no medical condition or special needs that may make me more suceptible to sustaining an injury or being a risk to others. I will declare any medication or medical issues affecting my mobility, balance, bones, back, ears, eyes, lungs, head or heart etc and disclose any conditions such as diabetes, epilepsy, dizziness, asthma, allergies, phobias or any behavioural issues. I will also describe any additional needs I may need extra support with.

I will comply with all instructions given by Mendip's team and authorise them to take appropriate emergency action if required. I accept that Mendip Activity Centre is not responsible for loss or damage to any personal possessions, valuables or clothing. I am aware of the risk of ticks and will check for tick bites if appropriate.

Participant's full name	Age	Activity date	additional needs?	
			Yes	No
Please provide details of any medica	I conditions,	medication or addit	tional needs h	ere:
I am fully authorised to make this declar	ation on beho	alf of the participant	named above.	I confirm that

I have read and understood the information above and completed the medical declaration accurately.

Print your full name



Signed (must be over 16)