

Berkhamsted Enterprises - Outdoor Activities - Adult Recognition of Risk

Booking Organisation

Participant's Details

First Name

Surname

Emergency Contact Details

Full Name

Relationship

Address

Contact Number

Mobile

Work/Home

Medical Details

Please detail any medical conditions you may have, including any allergies or intolerances, long term conditions, Special Needs or regular medication you are on which may affect your ability to participate in activities (please continue on the back if necessary)

Name, Address and Contact Number for Doctor

Recognition of Risk

I am aware that Outdoor activities have an inherent risk of personal injury. I understand the nature of the activities I will be involved in, accept the risk involved and am happy to participate. In the event of a major accident I consent to any emergency treatment deemed necessary by a medical professional, including emergency surgery and anaesthetics.

I do / do not (delete as necessary) consent to my image being taken and used in media publications, both online and in print.

Signed

Print Name