Adult Consent / Medical Form



Name:	Activity Da	Activity Date:	
Address:	Activity:	Activity:	
	Group Org	Group Organiser:	
Tel:	Company	Company (if applicable):	
Email:	D.O.B:		Gender:
Emergency Contact Details			
Name:	Emergency	/ Contact No's:	
Relationship to participant:			
Do you have any medical conditions and/or are you receiving of? This should include asthma, allergies, injuries, heart con	-		nat we should be made aware
Do you have any special distant requirements (if applicable	e)? Yes /	No	
Do you have any special dietary requirements (if applicable			
Can you swim? If no, please state is water confident	Yes /	No	
Please provide your height & weight for equipment purpos	es: H:		W:
Do you consent to the taking of photographs & video as means of promoting the business through displays, presentations, social media, and website?			
<u>Covid–19 Acknowledgement</u> - Whilst restrictions have greatly eased, please help us continue to possible, we kindly ask you to take a lateral flow test prior to arri positive for covid-19 on date of your activity. For up-to-date Wel	val for your activit	y. Please <u>DO NOT</u> a	attend your activity if testing
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