

Leader Consent / Medical Form



Name:	Activity Date:
Address:	Activity:
	School/Organisation:
Postcode:	
Tel:	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 any treatment or medication that we should be made aware of? This should include asthma, allergies, injuries, heart condition etc. If yes, provide details:

Do you have any special dietary requirements (if applicable)?	Yes / No	
Can you swim?	Yes / No	
Please provide your height & weight for equipment purposes:	H:	W:

I consent to Black Mountain Activities Ltd taking photographs and video as means of promoting the business through displays, presentations, social media sites and website. Yes / No

Covid-19 Acknowledgement –

Whilst restrictions have greatly eased, please help us continue to keep our staff & customers safe and our doors open. Where possible, we kindly ask you to take a lateral flow test prior to arrival for your activity. Please **DO NOT** attend your activity if testing positive for covid-19 on date of your activity. For up-to-date Welsh Government Guidelines, [please visit www.gov.wales](http://www.gov.wales)

Understanding & Acceptance of Risk

Whilst we are dedicated to the safety of our clients & endeavour to ensure all activities are operated to a very high standard of safety, there is always an element of unforeseen risk. Anyone wishing to take part in an activity operated by Black Mountain Adventure does so with this understanding. All activities offered can be physically demanding therefore, you should be in reasonably good health & physically fit before participating. It is always advisable to seek medical advice if unsure.

Declaration

- I confirm that the above details given are true and correct and that I am fit and able to participate in the activities.
- I understand & agree that I will not attend if testing positive for Covid-19 on the date of my organised activity.
- I understand that all activities take place in the outdoors where conditions may be wet, slippery, and hazardous. I accept that there is an element in unforeseen risk and agree to take part in the organised activities at my own risk
- I agree to comply with the rules & regulations given by the staff at all times & should an instructor feel I am jeopardizing the safety of myself and/or others I will be excluded from the activity without refund.
- I consent to any emergency medical treatment necessary by on-site first aiders or qualified medical respondents in the event of an accident.

Sign:	Date:
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