

CONFIDENTIAL - ADULT INFORMATION FORM

Participants Details	Other Relevant Information
Name:Address:	Can we send you details of Real Adventure activities and courses in the future? Yes No
Date of Birth:	 Real Adventure uses photographs of actual participants taking part in activities within promotional literature and on the website. I consent to such photographs being taken in all reasonable activity related situations. I consent to any emergency medical treatment that may be necessary whilst under the supervision of Real Adventure. I accept that Real Adventure and its representatives are not under
Next Of Kin Details/Emergency Contact Details	any liability whatsoever in the respect of loss or damage of personal property, however caused.
Name: Work Tel. Home Tel. Home Address:	Participation Statement I undertake to inform Real Adventure as soon as possible of any changes in the medical circumstances between the date signed and the commencement of the activity. One of the attractions of outdoor activities is its adventurous nature.
Medical Information Do you suffer from any conditions of which the instructors or leaders should be aware? Yes No If Yes please give details, including any medication.	The accident rates are thankfully low but from time to time serious and fatal accidents do occur. It is important that participants are aware of, and accept, the ele- ments of risk and the need to take responsibility for their own actions I DECLARE THAT I AM MEDICALLY FIT TO UNDERTAKE ADVENTUROUS ACTIVITIES AND UNDERSTAND AND ACCEPT THE NORMAL RISK OF BEING IN AN OUTDOOR ENVIRONMENT.
Are you allergic to any medication? Yes No Diff Yes please specify.	Participants Signature Date
Have you had a tetanus injection in the last 10 years? Yes No	Public Liability Insurance is covered. Personal Accident Cover is available at an extra charge by request.
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