



climb-walk-expedition
 www.verticalrelief.co.uk
 07779027511

Medical/Consent Form 2018

This form must be signed by all participants and or the legal parent/guardian of any participants under the age of 18.
 We may require this information and parental permission to help us properly exercise our duty of care.

Name		Age		Gender	
Address					
Telephone home & mobile					
Emergency contact person & number					
<p>Are there any special medical, physical issues of which we should be aware, e.g. asthma/epilepsy/ diabetes/dislocations/disabilities: or any ALLERGIES e.g. Penicillin/ aspirin/ elastoplasts? If so please inform us the last time a fit/attack happened, the last time medication was taken or any visit to a hospital/doctor. In addition to this, please give all relevant details about how something could affect your performance. Contact us if you need additional information about how an activity might affect you, and check with your doctor if you are not sure of how a condition might affect your ability to participate, Failing to do so could put you at risk . Continue on another sheet if necessary.</p>					
Are you or your child receiving any regular medical treatment? Give details and the required dose					
Do you require us to carry/oversee use of any medicines? Please give details.					

"The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

We have risk management strategies in place for our activities, based on our experience, risk/benefit process and use of competent staff. Dynamic assessments are ongoing, but there is always a small residual risk that is inherent in the nature of outdoor adventurous activities. We feel it is important that you are aware of this and are comfortable with yourself, or your son/daughter continuing on a course/expedition, with Vertical Relief. We welcome questions and conversations on this topic, if you have them. I agree that I or my son/daughter may take part in the activities organised by Vertical Relief. I agree to him/her receiving such medical treatment as may be deemed necessary, should, in the opinion of the physician concerned, the delay in contacting myself be potentially injurious to my child's health. In consideration for Vertical Relief and their staff, I/we agree to indemnify Vertical Relief and its staff against all claims, costs, actions and demands whatsoever resulting from taking part in the programme of activities or the administration of medicines unless such claims, costs, actions or demands result out of the negligence of Vertical Relief and its staff.

I have read and understood this document and raised any questions/concerns with Vertical Relief

Signed.....

Date.....