

Lupine Adventure Informed Consent & Medical Information Form (Adults)

I consider myself fit and able to take part in this
.....(write activity here)

I recognise that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. As a participant in these activities I am aware of and accept these risks and I am responsible for my own actions. I undertake to not be under the influence of alcohol or other drugs that may impair my ability to safely take part in this activity.

Lupine Adventure Co-operative accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by negligence on the part of Lupine Adventure Co-operative or any member of its staff.

I understand that photographs and video may be taken by the instructor over the course of the event and I permit these items to be used in future advertising and promotion of the co-operative. Please cross out this paragraph if you do not agree to this clause.

Are you over 18 years old **Yes / No.** (If you are under 18 we will require a parental consent form too.)

Do you suffer any medical conditions, allergies or injuries that we should be aware of? If yes please give details.

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Are you taking any medication that we should be made aware of? If yes please give details.

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Do you have any specific dietary requirements (vegetarian, vegan, halal, kosher etc)?

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Please provide details of a home contact for the duration of the activity. Will they need informing if we are late back Yes / No.

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Please provide your telephone number and e-mail address in case we need to contact you after the event

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If you **WOULD LIKE** to be added to our e-mail list then tick this box

Signed Dated

Please visit www.lupineadventure.co.uk/data-protection for information on how we use and store this data