

# 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.

.....  
.....

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

.....  
.....

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

.....

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

.....

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

.....

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

Signed ..... Dated .....

Please visit [www.lupinedventure.co.uk/about-us/data-protection.html](http://www.lupinedventure.co.uk/about-us/data-protection.html) for information on how we use and store this data