

Spirited Adventure Ltd. Emergency Details & Consent Form.

Full name Parent:.....
Child/children.....
.....
Address:
..... Postcode:
Telephone number: Email.....
Date of Birth.....Vehicle Registration Number
Dates and name of Activity

I UNDERSTAND THAT

The course can be physically and mentally demanding and may require excessive exertion and that I will not bring any alcohol or non-prescription or over the counter drugs. The possibility of personal injury to me and others exists. The course may expose me to hazards (air rifles shooting, knives, saws, cold and/or heat etc).

I CONFIRM AND AGREE

I am aware of the risks to myself and others whilst attending a Spirited Adventure course and agree to abide by the rules at all times. I am physically fit and mentally able to partake in the course. If I feel unwell to continue I shall alert a member of staff immediately. I agree to comply with the rules as given to me by Spirited Adventure staff, to use all equipment as instructed and to obey all directions given by Spirited Adventure staff.

MEDICAL QUESTIONS

Do you suffer from the following?

Please tick	YES	NO		YES	NO
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Anaphylactic shock	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>
(Please specify).....			(Please specify).....		
.....				
.....				

Do you have a history of any other illness or learning difficulty not mentioned above? If so, please state illness below:

Are you under any medication at the moment? If so please state current medication. Please give details:

EMERGENCY CONTACT (PLEASE PRINT CLEARLY IN CAPITALS)

Full name:Relationship:.....
Address:
Telephone Number: