



**MEDICAL & CONSENT FORM**  
*You must answer all questions fully*

**Participant Full Name:** ..... **Date of Birth:** .....

**Address:** ..... **Telephone:** .....

..... **Home:** .....

**Post Code:** ..... **Mobile:** .....

**Emergency Contact:**

**Name:** ..... **Relationship:** .....

**Telephone:** ..... *(Please give more than one number)*

1 Have you ever or are you currently suffering from any of the following? *(Please tick the relevant box)*

	Yes	No	Comments <i>(If ticked Yes)</i>
Diabetes			
Epilepsy			
Back problems			
Joint or muscle problems			
Asthma			
Recent surgery			
Heart Disorder			
Eating disorder			
High or low blood pressure			
Any other medical condition			

2 Are you currently taking any kind of medication? If yes please state below.

.....

3 Are there any reasons why you should not partake in the physical activities listed?

.....

4 Name, address and telephone of your doctor:

.....

5 Are you able to swim up to 50 metres fully clothed?

.....

6 Have you any special dietary requirements that we should know about? If yes please state below

.....

7 Do you have any allergies? If yes please state below

.....

I **do/ do not** give **Epic adventure** permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting of the **participant named above**, for any of the following uses: publicity, advertisements, marketing, leaflets, social media including Facebook, Twitter, Instagram, blog and our website.

- I acknowledge that all information given on this form is correct and that I have fully understood all questions asked.
- I am also aware that the nature of the activities/course could be physically demanding.
- If participant are under 18 years of age then this form must be completed and signed by the parent/guardian
- I accept that information on this form will be put onto an internal database used and viewed only by the Epic Adventure staff team for medical and booking reference.

**Print Name:** ..... **Signed:** .....

**Date:** .....