

HEALTH INFORMATION

It is important that we know about any special requirements that our clients have. Anyone involved in a Climbing Session (participating or spectating) should complete this form in BLOCK CAPITALS.

Full Name of Participant: _____

Address of Participant: _____

Name of Person to contact in an emergency: _____

Emergency contact number: _____

Relationship to participant: _____

Please state any medical conditions/illnesses/allergic reactions that you have (e.g. food allergy – please asthma, heart conditions, pregnancy, back problems) and any medication that is used to control these conditions (e.g. inhaler, adrenalin etc):

If you have an existing medical condition, we recommend that you take advice from your GP to establish what sort of activity it is safe for you to take part in.

I confirm that:

I have read and understood this form and declared all of my existing medical conditions.
I will not take part in any activity that I know may aggravate an existing medical condition.
I agree to take responsibility for my personal belongings at the Climbing Session.
I agree to be a responsible participant during the Climbing Session and follow the Instructor's directions.

Signature of participant: _____ Date: _____

During the activity session photographs and video may be taken and used for publicity to promote Portland climbing .

I agree for photographs and video to be taken:

Consent of participant: _____ Date: _____

