



# MEDICAL CONSENT FORM

Please read carefully and give full information, this will not necessarily affect your ability to participate, but will allow us to make necessary adjustments to accommodate your needs. This form will be strictly confidential with staff, who will be able to read it to allow them to be aware of any information that will improve your experience and maintain safety for the whole group.

## PARTICIPANT DETAILS (one form per person)

Participant:		Date of birth:	
Address:		Post code:	
Tel:		Email:	

## EMERGENCY CONTACT

Next of Kin:		Tel.:	
--------------	--	-------	--

## MEDICAL INFORMATION

Disclosure of any medical and/or disability information is unlikely to affect participation, but will ensure our team are able to prepare the activities to be inclusive for all. Non-disclosure could jeopardise the safety of an entire group, not just an individual.

Please give details of physical and/or mental disabilities and/or injuries or special needs: **(write 'none' if it doesn't apply)**

Medical conditions requiring medication and allergies e.g. asthma, epilepsy, diabetes, allergies. Any recent injuries or illness e.g. back strain, influenza: **(write 'none' if it doesn't apply)**

## STATEMENT OF RISK

My Expedition Rocks takes all reasonable steps to provide you with the level of care and safety appropriate to adventurous activities. You should however be aware that certain inherent risks remain which cannot be eliminated without destroying the unique character of the activity. Amongst other things, some of these risks can contribute to:

- the loss or damage of your personal clothing or equipment
- feelings of discomfort, fear and apprehension
- accidental injury, illness, or trauma which in extreme, but thankfully very rare cases, can be very serious.

Please inform staff if you are not comfortable with any of your programmed activities. My Expedition Rocks Ltd has clear obligations and responsibilities and we require participants to contribute to their own and each other's safety by following the instructions of our staff. Acknowledging these risks in no way compromises your legal rights, nor does it release My Expedition Rocks from any of its obligations towards you.

## BMC (British Mountaineering Council) PARTICIPATION STATEMENT

The BMC recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions.

## PHOTOGRAPHY & FILM CONSENT

By ticking the box below, I give my consent and permission to My Expedition Rocks (or others acting on its behalf) to store, edit, publish or use my name/child's name and film footage and photography for the purposes of promoting the company and their experience more generally, in digital or printed form. Consent for those under 18 years of age needs to be provided by a parent or legal guardian.

Please check the box if you consent to My Expedition Rocks taking photographs and/or recording images of you, or your under 18 child, for the purposes stated above.

## DECLARATION

By signing the below, I declare that the information on this form is correct to the best of my knowledge and that if any changes occur before activities, I will inform the organisers. (Parental consent is required for under 18s). I also agree to the 'Statement of Risk' and the 'BMC Participation Statement' if related to climbing or mountaineering activities.

Signature:

Date: