

Registration, Medical & Informed Consent Form

Name: _____ Date of Birth: _____ Date Of Visit _____

Address: _____ Eircode: _____

Email address: _____

Emergency Contact: _____ Relations to Participant: _____

Emergency Contact Tel No: _____ Mob: _____

Does the individual suffer from any medical condition? _____

Please give details of any current medical treatment? _____

Has the individual been vaccinated against tetanus in the past 3 years? Y / N _____

Please give details of any allergies: (eg –Equine, Nut Allergy,) _____

Name of Doctor: _____ Doctor's Telephone No: _____

Please tell us about any special dietary requirements? (e.g. Vegetarian, Celiac) _____

I DO / DO NOT agree to being included in any photographs or video that may be used as a means of business promotion through displays, presentation, social networking and website.

Acceptance of Responsibility/Participation Statement: The activities programme is undertaken in a way that manages the potential risk to clients, instructors and the environment, to the best of our ability.

Instructors are responsible for the safety of clients during activities, programmes and courses. In order to manage the risks appropriately, we request that all participants inform the Instructors upon arrival regarding any medical issues, or disabilities that may affect their ability to participate.

We adhere to "Challenge by Choice" philosophy. Therefore, by signing this document you are agreeing that you have enrolled on the activity of your own choice, are aware of and accept the inherent risk associated with the activity and are responsible for your own actions and involvement.

I have read the 'details of activities' and understand the relevant description of activities. I agree to wear/for my child to wear safety equipment issued and to follow all safety procedures. I understand that the activities consist of substantial and physically testing tasks.

By signing this form I agree and understand that I participate at my own risk and I declare that I have no underlying health conditions or pre existing injuries which could inhibit my ability to participate in the programmes or activities provided. I consent to any emergency medical treatment necessary in the event of an accident.

Over 18

SIGNED(18+): _____ DATE: _____

Parent/Guardian Permission (If participant in under the age of 18)

NAME: _____ SIGNED: _____ DATE: _____