

Greenwood Mountaineering

Consent/Medical Form



Name

D.O.B.

Address and contact number:

Address and contact number for next of kin:

Please tick as appropriate	<u>Yes</u>	<u>No</u>
Do you suffer from any illness or disability, physical or mental? (specify below)		
Have you suffered and broken bones (within the past year)		
Are you allergic to any medicine? (specify below)		
Are you on any medication?		
Do you have asthma and/or use an inhaler?		

Given that the course you are embarking on may be conducted in adverse weather conditions and involve remote areas with rough ground and involve heavy physical exercise is there anything we need to know about? If yes please give details:

Statement of Participation:

I understand that Climbing/Mountaineering has a certain level of unavoidable risk and that in some rare cases injury and even death can occur. I understand that whilst out with Greenwood Mountaineering I'll be accompanied by appropriately qualified Guide/Instructor and that I should follow their guidance and instructions at all times whilst on the course. (Please sign to show you understand the above statement)

Signed:

Date:



GREENWOOD

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