



Medical Consent Form

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| Name | |
| Address | |
| Contact telephone number | |
| Contact e-mail address | |
| Do you suffer from any conditions of which the instructor should be aware? | If yes please give details, including any medication. |
| Are you allergic to any medication? | If yes, please specify. |
| I consent to any emergency medical treatment that may be necessary whilst under the supervision of M&T Adventures | Yes / No |
| M&T Adventures may use images from the course on its website and/or social media pages, I give consent to such photographs being taken in all reasonable activity situations | Yes / No |
| I accept that M&T Adventures and its representatives are not under any liability whatsoever in the respect of loss or damage of personal property, however caused. | Yes / No |
| It is important that participants are aware of, and accept, the elements of risk and the need to take responsibility for their own actions. I DECLARE THAT I AM MEDICALLY FIT TO UNDERTAKE ADVENTUROUS ACTIVITIES AND UNDERSTAND AND ACCEPT THE NORMAL RISK OF BEING IN AN OUTDOOR ENVIRONMENT | |
| Participants Signature | |
| Date | |