



# Consent & Medical INFORMATION

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## Activity Details

Activity or course			
Date	Please complete and return this form two days prior to your first booking.		
Activity Venue			

## Participant details

Name (participant #1)		Date of Birth	
Address		Post code	
Contact telephone number		Do you have any medical Conditions (please list below)	

**All participants below MUST live at the same address as participant #1**

	Participant name	Date of Birth	Does the participant have a medical condition (please list below)
Participant #2			
Participant #3			
Participant #4			
Participant #5			

## Emergency Contact Details

Name		Relation to Participant(s)	
Address during activity		Telephone no. #1	
		Telephone no. #2	

## Medical Details

Any medical conditions, recent illnesses, allergies, surgery, pregnancy or other information the instructor should be aware of

Details of any medication

Doctors name	
Doctors address	
Doctors telephone no.	

## Consent and acknowledgment

Please read the [Statement of Risk Statement and Terms & Conditions](#)

This section is to be completed by the parent or guardian of the participant, if under the age of 18 years. If participant is over 18 years, please complete for yourself.

We have read and agree with the "Statement of Risk" statement

I confirm that all the information is correct to the best of my knowledge and that I give Consent to the participant taking part in the activity.

Completed by:  
parent or guardian / participant over 18

Name	
Date	
Signature	