Adult Medical Screening Questionnaire

Name:……**Date of Session**……..……

Address...……..……..…

……..**Post Code.**…….……

Date of birth ……..**Email**……..…**……...**…….……..…

Facebook @……..**Instagram @**……..……

Emergency Contact Details

Please tick here if you do not want us to use your email address with information about our services and special offers

□

Name: ……..……..…

Relationship to you: ……..……

Address: ……

Home telephone number: ……..……

Medical and dietary information

Work telephone number: ……..…

Do you have any medical condition/s (physical/psychological/behavioural/phobias)? **YES / NO**

If yes, please give brief details including medication and if they would be affected by exercise?

……...

……..…

Please give details of any allergies, recent illnesses, operations, pregnancies or any other information the instructor should be made aware of……..

……..

Details Of Activity

Please indicate in the space provided below if there is an activity that you would **NOT** like to participate in.

Mountain biking / Cycling, Canoeing, Kayaking, Orienteering, Raft Building, Stand up Paddle boarding, Archery, Pedal Go Karts, Bushcraft, Yoga & Pedalo

I do **NOT** give consent for my participation in .....

Bike confidence / riding ability and Water Confidence / swimming ability

Please indicate your ability on a bike and your swimming ability (please tick):

Still learning to ride	□	Able to ride with some assistance	□
Confident Rider	□		
Cannot swim	□	Able to swim	□

Publicity

Water Confident □

Photographs may be taken during the visit/activity/project for publicity and marketing purposes.
N.B. Photographs and videos may be used for social media, website & coaching purposes.

Personal details will remain confidential.

I agree / do not agree (please delete) for my photo …… (Name) to be included in relevant publicity material.

Signed ……..……**Date**……..

Statement Of Risk

Margam Park Adventure places safety as a top priority. Adventurous activities involve some risks for the people taking part, instructors aim to keep these risks as low as possible. The chances of serious injury are low, but the chance of minor injuries (bruises, bumps and less likely, minor fractures) are a possible result of taking part in adventurous activities. Each instructor will minimise the dangers by:-

- Carrying out a careful assessment of all risks before commencing the activity.
- Only using experienced instructors with the appropriate qualifications for the activity
- Giving clear safety instructions to all participating
- Ensuring equipment and clothing is well maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply any medical conditions for information

We expect participants to cooperate with the instructors, to ensure the safety of all participants, by following instructions and answering questions honestly about and medical conditions or other information relating to health and safety.

Agreement

I understand that taking part in the activities outlined above will be at my own risk, and I accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by negligence. I declare that to the best of my knowledge I am medically fit to participate in the activities as part of a group. I agree that medical treatment will be given, if necessary, in the case of an emergency. I understand that the information from this form will be stored electronically. I agree that a similar activity may be substituted due to safety factors or weather conditions.

Full name (print please): ……

Signed: ……...**Date:** ……