



PARTICIPANT'S PERSONAL DETAILS

Full name:

Home address:

Date of birth:

Email address:

Medical conditions (e.g. asthma, heart conditions, pregnancy, back problems ETC).

Please state any medication that is used to **control** these conditions (e.g. inhaler, adrenalin etc):

EMERGENCY CONTACT DETAILS

Person to contact in an emergency:

Emergency contact number:

I CONFIRM THAT:

I am aware that climbing, mountaineering and coasteering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions. (BMC Participant statement)

I agree to take responsibility for my personal belongings at the Session.

I agree that any photographs or digital images taken by Young's Adventure Solutions may be used by for publicity purposes for the company.

If **COASTEERING**- I am confident in deep water

Tick for Email updates

Participant signature:

Date:

Under 18s section.

I give my permission for my son/daughter to participate in the above session and I confirm that they are over 12 years old and can swim 50 meters (if coasteering).

Name of person with parental responsibility:

Signature of person with parental responsibility:





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