

SECTION 1		
School/Group/Company		
or Individual Organiser:		
Date(s) of Visit:		
SECTION 2		
Name:		
Date of Birth:		
Gender:		
Age at time of		
attendance:		
Address (inc Postcode):		
SECTION 3		
EMERGENCY CONTA	ACT(S) DETAILS:	
	Contact no.1	Contact no.2
Name:		
Relationship to you:		
Address (if different		
from Section 2:		
Mobile tel no:		
Home tel no:		
Work tel no:		
SECTION 4		
DOCTOR'S DETAILS:		
Doctor's Name:		
Surgery Address:		
- . 1 1		
Telephone no.		

SECTION 5

SECTION 5				
MEDICAL CONDITIO	NS:			
	Have you h	nad (or do	you still suffer from) an	y of the following
and/or are yo	ou receiving	any treatr	nent or medication that	t we should be made aware of?
	Р	lease provi	ide details in the below	section.
Condition	Please cir	cle below	Details & Medical Adv	vice Received in Event of Emergency
	correct answer			
Asthma or Bronchitis	Yes	No		
Heart Condition	Yes	No		
Heart Condition	res	No		
Fits, fainting, black-outs	Yes	No		
Severe Headaches	Yes	No		
Diabetes	Yes	No		
Allergies to any	Yes	No		
medication				
Any other allergies e.g., food, plasters	Yes	No		
Regular Medication	Yes	No		
Travel Sickness	Yes	No		
Any other illness,	Yes	No		
disability or special				
needs				
SECTION 7				
MEDICINES/TABLET				
	answer to			ive details of medication
Condition		Pre	escribed medication	How often do you take this medication

SECTION 8 TETANUS Please circle below correct answer Have you received Tetanus vaccination in the last 10 years? Yes No **SECTION 9 PHYSICAL FITNESS** Please circle below Details correct answer Please advise if you have any Yes No mobility issues or physical restrictions Any fears/phobias we need to be Yes No aware of? **SECTION 10 ABILITY TO SWIM** Please circle below Comments correct answer I can swim 50 metres & am water Yes No confident I am water confident & can swim but Yes No I'm not sure how far I'm a non-swimmer & may not be Yes No confident in water **SECTION 11** SPECIAL DIETARY NEEDS Please indicate any special Please circle Comments requirements we need to below correct accommodate answer Vegetarian Yes No Vegan Yes No Halal Yes No **ALLERGIC REACTIONS TO?** Yes No Eggs Fish Yes No Crustaceans Yes No Peanuts Yes No Soyabeans Yes No Milk Yes No

ALLERGIC REACTIONS TO?				
Nuts	Yes	No		
Celery	Yes	No		
Mustard	Yes	No		
Sesame	Yes	No		
Sulphites	Yes	No		
Lupin	Yes	No		
Molluscs	Yes	No		
Cereals containing Gluten	Yes	No		
Anything not covered in the above?	Yes	No		
	1	1		

SECTION 12

PHOTOGRAPHS & MARKETING

Open Door Adventure regularly take photographs of participants doing activities for use on our website & social media	Please sign below	Please insert date below
I give approval for photographs of me potentially being used in Open Door Adventure's publicity		

SECTION 13

COVID-19 ACKNOWLEDGEMENT

Whilst restrictions have greatly eased, please help us continue to keep our staff and customers safe and our doors open. Should you test positive for COVID-19 on the date of your planned visit, we kindly ask that you DO NOT attend or take part in activities. For up-to-date Welsh Government Guidelines, please visit www.gov.wales

SECTION 14

ACKNOWLEDGEMENT OF RISK CONSENT

Open Door Adventure Ltd will use all due care & attention to ensure activities are run safely and professionally.

Whilst we are dedicated to the safety of our clients & endeavour to ensure all activities are operated to a very high standard of safety, there is always an element of unforeseen risk. Anyone taking part in an activity operated by Open Door Adventure Ltd does so with this understanding without affecting your statutory rights.

The Company will not be held responsible for accidents or injuries cause partly or completely due to lack of disclosure.

All activities offered can be physically demanding therefore you should be in reasonably good health & physically fit before participating. It is always advisable to seek medical advice if you are unsure about their health.

To help with safety I understand that I am expected to behave in a responsible manner at all times and must take direction from Open Door Adventure Ltd staff and follow instructions or guidance given.

Declaration:				
 I confirm that the above details provided in this form are true and correct and that I am fit and able to participate in the activities booked I understand and agree that I will not attend any activity or course if testing positive for Covid-19 on the date I am due to arrive at Open Door Adventure Ltd I understand that all activities take place in the outdoors where conditions may be wet, slippery and hazardous. I accept that there is a is element of unforeseen risk and I give consent to the accompanying risk that is associated with organised outdoor pursuit activities. I agree that it is important for my own safety and that of their peers, that any rules & regulations given by the staff are always adhered to. I understand & agree that should an instructor feel my behaviour is jeopardising the safety of myself and/or others, that I will be excluded from the activity without refund I consent to any emergency medical treatment necessary being given to me by on-site First Aiders or qualified medical respondents in the event of an accident. 				
Signature:				
Name in Capitals:				
Date:				

Data Protection:

We treat security with the highest priority. We hold data about you to run our business safely and efficiently and it is not kept any longer than is necessary. It is kept safe and secure and is handled with sensitivity to protect individual's data protection rights. You have the right to ask to see what data we hold for you and to ask us to correct it and/or remove it from our database. We do not share your data with any third party.