



Booking, Consent and Medical Form

Venue:.....

Date(s):.....

For U18's the parent/guardian must complete this form

First name: _____

Address

Surname: _____

1.

Date of birth ___ / ___ / ___

2.

Home phone: _____

3.

Mobile Phone: _____

Email address:

Climbing experience: (Please circle)

Beginner / Intermediate / Advanced.

Emergency contact name/number:

Waist size: (if harness needed)

Helmet Required? Yes / No (Please circle)

Medical Details

Disability or additional needs:

Details of any other medical conditions or recent injuries:

Specific dietary needs, medications or allergies:

GP name, address, contact number

Acknowledgement of Risk/Consent:

Climbing is a potentially hazardous activity. Participants should be aware of, and accept these risks, and be responsible for their own actions and involvement. Please sign below to confirm that the information you have supplied is correct and that you have read and understood the acknowledgement of risk. Please append any other information you feel I need to be aware of or wish me to know.

I may take photographs to use to promote InsideOut Climbing on my website.

Please tick the box if you are happy for this to happen:

Signature _____ **Print name** _____ **Date** _____