

Medical information:

Please state any medical conditions or allergies that you have, any medications you use and anything else you feel the course staff should know:

Please use the reverse of this sheet if necessary.

Medical Declaration:

I declare that the information provided above is a full and accurate record of my medical history and medical state. If any medical issues arise before my course, I will inform Thornbridge Outdoors as soon as possible. I also declare that I know nothing relating to my health or fitness which might prohibit me from taking part in the course or might jeopardise myself or other people.

Emergency Contact Details:

In case of emergency, please provide the name and contact number of someone we may contact:

Name:

Relationship to you:

Telephone (day)

Telephone (evening)

Mobile

Experience summary:

Do you have caving experience?

Y / N

Caves/mines visited:

Your experience of leading groups:

Declaration for the Acceptance of Risk

Please read the following very carefully:

British Caving Association Participation Statement:

The BCA recognises that caving, cave diving and mine exploration 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 and involvement.

Thornbridge Outdoors identifies, assesses and manages the risks associated with the delivery of all courses.

Thornbridge Outdoors instructors are qualified and experienced in assessing the risks and minimising them to an acceptable level. It must be understood and accepted that the risks inherent in caving and mine exploration cannot be completely eliminated and, even if reduced to a seemingly acceptable level, there will remain the chance of unpredictable occurrences resulting in injury or death.

Booking Declaration:

Please tick to confirm the following and sign below:

- I have read the above, accept that there are risks involved and I understand that they cannot be totally eliminated.
- I have read, understood and agree to the above Medical Declaration
- I have read, understood and agree to the Thornbridge Outdoors Course Booking Conditions

Signed

Date

Please print, complete, sign and return to:

Thornbridge Outdoors
Great Longstone
Nr Bakewell
Derbyshire
DE45 1NY

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