BAC Medical Disclosure Form

Do you have a reasonable level of health and physical fitness?

All participants are asked to disclose (in confidence) relevant health and fitness information that may affect their ability to participate or put at risk their health due to any known condition. If in doubt, prospective participants should consult with their doctor before beginning any programme of physical activity.

All outdoor activities have a potential for risk and injury. BAC puts your health and safety first and will only use qualified instructors, trained to risk assess all activities and your ability to participate in each activity.

Your full cooperation is appreciated to ensure a safe and fun adventure learning experience.

Participant Name: _____ Date of Birth / /

Address: _____ Email: _____

Mobile No: _____

Emergency Contact Name: _____ Relationship: _____

Work Phone: _____ Mobile No: _____

PERSONAL DISCLOSURES (if none write none)

Do you have a medical condition or ailment? YES / NO (please circle)

If yes, please give details: _____

I am taking the following medication: _____

I have it with me YES / NO (please circle)

I consent to medical treatment if necessary: (ALL PARTICIPANTS MUST ANSWER)

YES / NO (please circle)

I have the following known allergies: (ALL PARTICIPANTS MUST ANSWER)

_____

I am pregnant or suspect that I might be pregnant: YES / NO (please circle)

I can swim 50m (only answer for water based activities: YES / NO (please circle)

Name of Doctor: _____ **Contact Telephone No:** _____

Parent / Guardian consent: I the undersigned give permission for _____ to take part in any activities delivered by Belfast Activity Centre, and to the best of my knowledge, the above details are correct.

SIGNED: _____ **DATE:** _____

Authorised signature by participants if over 18 years of age or if under 18 years of age by Parent / Guardian

For training and marketing purposes, BAC staff may take photographs during activities.

If you **DO NOT** want to be photographed, please tick ✓the no photographs box ☐