

The Beast

Individual Medical & Risk Acknowledgement Form

For your safety and benefit please fill in the following details:

Name _____

Sex: Male/Female

Address _____

Date of Birth ___/___/_____

Phone No. _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Ph No. _____ Relationship _____

Do you have any of the following conditions? (please tick box if yes)

Asthma	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>	Heart Complaints	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Back Injury/Pain	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>
Head Injury	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Poor balance	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		<input type="checkbox"/>

Do you require any medication to be carried with you eg Asthma Inhaler? Yes/No
If Yes do you have this with you? Yes/No

Are you taking any medication which may affect your participation in any activities? Yes/No
If Yes, please give details _____

Do you have any allergies? Yes/No
If Yes please give details _____

Do you have hearing difficulties? Yes/No
If Yes, please give details _____

Do you have sight difficulties? Yes/No
If Yes, please give details _____

Do you have any recent injuries / further medical concerns that could influence your participation in any activities or special instructions that your Instructor should know about?

I understand that this outdoor activity is operated on a 'challenge by choice' basis. I understand that my Instructor has the responsibility of managing the safety of any activities and I accept that for my own safety I will follow all instructions given by my Instructor. I am aware that this outdoor activity has potential risks but accept responsibility for my own actions and safety.

I understand that the Ultimate Challenge Company and Instructors involved in this activity will exercise due care and operate under recommended safety guidelines. I understand that there are potential risks associated with participating in this activity, but this organisation is not liable for any injury or damage to me or my property that may occur while participating in this activity.

I am aware that there is a policy of NO ALCOHOL OR DRUG consumption for at least 12 hours prior to participation.

In the event of an accident or illness I authorise the obtaining of such medical assistance for myself as may be thought necessary by the staff of The Ultimate Challenge Centre.

Signed: _____

Date: / /

Signature of Parent/Guardian _____
(If under 16 years)