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As INTO THE OUTSIDE will be responsible for your wellbeing, we require each individual to complete this form and return it by email to **info@intotheoutside.co.uk** **BEFORE** the day of your activity(Please complete **ALL SECTIONS** in **CAPTIALS**)

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY:** |  | **DATE(S):** |  |
| **WHERE DID YOU HEAR ABOUT US?** |  | **PRICE:** |  |

**Your details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE:** |  | **FIRST NAME:** |  | **SURNAME:** |  |
| **ADDRESS** **& POST CODE:** |  |
| **MOBILE NUMBER:** |  | **DATE OF BIRTH:** |  |
| **EMAIL:** |  |

**Next of Kin:** *(Someone not on the adventure)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE:** |  | **FIRST NAME:** |  | **SURNAME:** |  |
| **MOBILE NUMBER:** |  |

**Medical Information form:**

Have you been a hospital patient during the past 12 months? **YES/ NO**

Have you received doctor’s treatment during the past 12 months? **YES/ NO**

Are you receiving or waiting for hospital treatment? **YES/ NO**

Do you suffer from any allergies? **YES/ NO**

Have you ever suffered from; heart disease, high blood pressure, asthma, epilepsy, diabetes? **YES/ NO**

Are you taking any drugs or other medication? **YES/ NO**

Have you ever had problems with your back or with any joints (knees etc)? **YES/ NO**

Is there anything else you feel INTO THE OUTSIDE should be made aware of? **YES/ NO**

If you have answered **YES** to any question please give details in the below.

|  |
| --- |
|  |

Are you confident swimming 50 metres? (only complete if doing a water-based activity) **YES/NO**

The photos we take on your adventure may be used on our website! Is this OK? **YES/NO**

Can we contact you again to share upcoming adventures? **YES/NO**

**Minimum Age**

Under 18’s must be accompanied by a parent or guardian.

**Participation Statement**

INTO THE OUTSIDE recognise that their adventures involve activities with a danger of personal injury or death. Participants should be aware of and accept these risks, and be responsible for their own actions and involvement.

**Booking form declaration**

• By signing you are agreeing to INTO THE OUTSIDE’s terms & conditions *(on website)* and participation statement *(above)*

• By signing you confirm that the medical information provided above is complete, current and accurate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SIGNED:** |  | **PRINT NAME:** |  | **DATE:** |  |

**Ambleside, Cumbria, LA22 0DB, UK. Tel: 015394**