Health Check / Consent Form

The information on this form is strictly confidential to Beyond the Edge, and will be used solely to help ensure safe participation whilst on the course. In the event of a medical emergency, relevant details will be released to the medical authorities. Please would you complete the following questions and return the form as soon as possible.

Name **Course dates**

Emergency contact name and telephone number (during the course/activity)

Are you undergoing any treatment or taking prescribed medication?
If so, please give details:

Have you been medically advised against any type of physical exercise?
If so, please give details:

Please give details if any of the following affect you:

- High blood pressure
- Heart disease
- Diabetes
- Asthma
- Epilepsy
- Back problems

Is there any additional information that you feel would be useful to ensure that you have a safe and enjoyable programme, such as recent illnesses or injuries, minor physical conditions or allergies? Please give details:

Consent: I agree to authorise Beyond The Edge Limited, during the course/activity, to approve such medical treatment as is deemed necessary in an emergency and / or in accordance with the recommendations of a qualified medical practitioner. Whilst every care is taken to ensure the safety and well being of participants it is important to point out that minor injuries including bruising and small cuts can unfortunately sometimes occur. Participation in adventurous activities does involve the acceptance of risk and of responsibility for the consequences of one's actions.

Signed: _____ **Date:** _____
(If under 18 by Parent / Guardian)

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