Activity Medical Form

Group Name: _____ Visit Dates:_____

Booking Reference: _____ Accommodation Type:_____

If your group are taking part in our instructed activities, it is essential that we receive your medical form. Without this we cannot allow anyone to take part. Please complete one form per sub group. This form must show all guests in your group

Please note activity sessions may involve various degrees of physical exertion and/or contact with other people and equipment and that your group accept this before taking part.

Some activities have upper/lower weight limits based around the safety equipment manufacturer's recommendations. We ask that those with young people under 8 years and those with participants over 102kg/16 stone contact us prior to booking to discuss the suitability of certain activities.

Name	**Age** (if 26+ please write Adult)	**Height in CM** (Only required for led Mountain Biking)	**Swimming Ability** (Required for water activities)	**Relevant Medical information**

Swimming Ability

A – Able to Swim 50 m and is water confident I B – Water confident and able to swim, but unsure how far/less than 50m

C – A non-swimmer and/or may not be water confident

I certify that I have given notice of any conditions of participants that are relevant to the activity they are taking part in (i.e. Pregnancy, recent injuries etc.) All information supplied will be used for the purpose of activity participation and health and safety requirements and will be retained in accordance with GDPR.

Signed (Group Leader): _____ Print Name: _____ Date: