



Medical Declaration

Name of person

Date of the Event:

Details of whom the One4all Group should contact in an emergency

Name

Relationship

Tel.

Please list any medical condition which may affect you whilst participating in any adventure activity e.g. asthma, epilepsy, diabetes, heart condition etc.

This information will be held in the strictest confidence.

For a number of activities you may have to sign a secondary declaration following a safety briefing.

I declare that I am of reasonable fitness and suffer from no medical condition which may affect me participating in any activity provided by the One4all Group which I have not already declared above. I have read the above information and agree to comply with any codes of practice set by the One4all Group.

Most conditions will not normally affect you being allowed to participate, but our instructors must be aware of any medical conditions. Please ensure you make you instructor aware. This form should be completed and returned prior to participating in any activities. All activities offered by the One4all Group are operated under strict health and safety conditions. We therefore require all participants to complete this form in order for us to have a copy of any information which may affect you whilst participating in any activity. All water activities are run under supervised conditions. You will be provided with all the necessary safety equipment. You should be of reasonable fitness and be able to swim 50m. For land based activities you should be of reasonable fitness. Again all relevant safety equipment will be provided. For all activities operated by the One4all Group you must at all times adhere to instructions given by One4all Group staff. The One4allGroup reserves the right to refuse permission to participate in any activity where in the instructors opinion it would be unsafe to allow participation. I have been advised and accept any water quality issues and have access to 'Important Information for Water Users leaflet'. (Water Activities Only)

I have understood the above information and declared any medical condition which may affect my participation.

Sign

Print

Date

Please your group of the above information. © One4all Group 2005.