

Personal Information:

Name:

Date Of Birth:

Address:

Postcode:

Tel:

Email:

Emergency Contact:

Name:

Tel:

Declaration Of Fitness:

Please declare any recent or ongoing injury/condition/illness:

Please declare any medication recently or currently taken:

I certify that to the best of my knowledge I do not suffer from a medical condition which might have the effect of making it more likely that I could be involved in an accident resulting in injury to myself or others.

Acknowledgement Of Risk

I hereby acknowledge and agree that the activities supervised by Onwards And Upwards and its associates have inherent risks. I have full knowledge of the nature and extent of all risks associated with these activities. I understand that failure to exercise due care and to follow guidance and instructions whilst on session may result in my injury or death.

PARTICIPANT'S SIGNATURE: (or legal guardian if under 18)

DATE:

TONY KERR ■ ONWARDS AND UPWARDS OUTDOOR ADVENTURES

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