



# Declaration Form

| PARTICIPANTS DETAILS:<br>(Please delete where appropriate) |                |
|--|----------------|
| Mr/Mrs/Ms/Other:   | Full Name:     |
| Female / Male  | Date of Birth: |
| Address:   |                |
| Postcode:  |                |
| Contact Phone Number:                                      | Email Address: |
| Emergency Contact Name and Number:                         |                |

| MEDICAL INFORMATION   |                             |                              |
|---|-----------------------------|------------------------------|
| Have you or the person you are completing this form for ever had or currently have any of the following?  |                             |                              |
| Heart problems of any kind?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| High Blood Pressure?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any back problems?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Epilepsy, seizures, convulsions?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Asthma?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Diabetes?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you regularly take prescription or non prescription medications?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Food Allergies (if applicable)  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Women- are you pregnant?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any surgery?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any other medical conditions that we should be aware of?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| If answered yes to any of the above, please give details  |                             |                              |
| <p><b>Please note that participants requiring any medication for asthma, epilepsy or any other medical need must bring said medication to all activities.</b></p> |                             |                              |

We may take photo/video footage of you for future advertising. Please state whether this is acceptable.  Yes  No



## Acknowledgement of Risk

Dragon Activity Guides would like you to read the following carefully. It may affect your safety and the safety of others.

Dragon Activity Guides offer physical and demanding sports, which have inherent hazards associated with them. We have taken all reasonable steps to provide you with the level of care and assurances of safety appropriate to these activities. However, these activities take place in potentially hazardous environments.

Each participant will be made aware of any potential risks or hazards by your guide. We at Dragon Activity Guides have clear obligations and responsibilities and we take these very seriously. However, we will be expecting participants to contribute not only to their own safety but to that of others by following the instructions our staff will be giving you.

Furthermore, it is understood and agreed that individuals participate at their own risk.

Signing this Acknowledgement of Risk in no way compromises your legal rights, nor does it release Dragon Activity Guides from any of its obligations towards you.

If our guides feel you are choosing to ignore their advice or are purposely putting yourself or others in danger, they reserve the right to remove you from the session and/or if appropriate stop the session all together.

Acknowledgement.

I recognise:

- that the activities I am participating in require an understanding of the safety briefing
- that certain inherent risks remain,
- by signing this, I do NOT release Dragon Activity Guides from any of their obligations towards me, nor does it affect my legal rights. I have however read and understood the content of this document.

\*\* If person is under 18, this section must be signed by their parent or guardian

|                    |                   |
|--------------------|-------------------|
| <b>Print Name:</b> |                   |
| <b>Date:</b>       | <b>Signature:</b> |