



# Consent & Medical INFORMATION

www.cycle4adventure.co.uk

Activity Details							
Activity or course							
Date							
Activity Venue	Cycle4adventure at Hamsterley Forest						
Please return completed forms by:-	5.00pm two days prior to first activity session						
Participant details							
Name							
Address							
Contact telephone number							
Date of Birth							
Emergency Contact Details	Consent and acknowledgment						
Name	<p><b>Please read the <a href="#">Statement of Risk Statement</a> and <a href="#">Terms &amp; Conditions</a></b></p> <p>This section is to be completed by the parent or guardian of the participant, if under the age of 18 years. If participant is over 18 years, please complete for yourself.</p> <p><b>Statement of Risk</b></p> <p><b>We have read and agree with the "Statement of Risk" statement and the Terms &amp; Conditions.</b></p> <p><b>Covid-19 Information</b></p> <p><b>I can confirm that the participant has not had any Covid-19 symptoms in 2 weeks prior to activity, or have been in contact with anyone that has symptoms</b></p> <p><b>I confirm that all the information is correct to the best of my knowledge and that I give Consent to the participant taking part in the activity.</b></p> <p><b>Completed by:</b> parent or guardian / participant over 18</p> <table border="1"> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>	Name		Date		Signature	
Name							
Date							
Signature							
Relation to Participant							
Address during activity							
Telephone no. #1							
Telephone no. #2							
Medical Details							
Any medical conditions, recent illnesses , allergies, surgery, pregnancy or other information the instructor should be aware of							
Details of any medication							
Doctors name							
Doctors address							
Doctors telephone no.							