|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All details below to be completed by participant – Please disclose any medical conditions that you think may be relevant to being in the outdoors on a walk… thank you. | | | | | |
| Full name |  | | | | |
| Mobile: |  | | | Home tel: |  |
| Email |  | | |  |  |
| Emergency Contact Details Include name, telephone number and address:  Relationship to emergency contact: | | | | | |
| Medical & Well-Being Matters | | | | | |
| Do you have any medical or well-being concerns or conditions you feel we should know about?  (Include details about Asthma, Diabetes, Epilepsy, Heart conditions, Anxieties etc if applicable) | | |  | | |
| Please include below details of all medicines or treatments currently being taken, including any allergies e.g. allergy to penicillin, plasters etc or special dietary requirement/ other information to help us keep you safe and well. | | | | | |
| Medicine/Tablets | | |  | | |
| Allergies | | |  | | |
| Anxieties | | |  | | |
| Dietary requirements | | |  | | |
| Other treatment | | |  | | |
| National Health Service Medical Card No (if known): | | |  | | |
| Your doctor’s name, surgery name &  address | | |  | | |
| Surgery telephone numbers | | |  | | |
| Any Religious needs | | |  | | |
| Consent | | | | | |
| * I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. * I have understood the nature of the activity and accept the risk involved. * I consent to any emergency medical treatment necessary during the course of the event, including the administration of anaesthetics. * I consent/do not consent (delete as applicable) to travelling in a car if necessary (eg. To visit a hospital/ medic.) * It is intended to take photographs at the event. These may be used in magazine articles or for general publicity purposes. * I consent/do not consent (delete as applicable) to the BMC and the Event Organiser taking and using photographic images of myself. | | | | | |
| **SIGNED** | |  | | | |
| Date | |  | | | |
| **BMC Participation Statement**  The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement | | | | | |