



**Outdoohire Limited**  
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## MEDICAL / CONSENT FORM

This form must be filled out for all persons attending a course, and signed by a legal guardian for those under 18. The information given is confidential and is only available to staff who need to know for reasons of safety etc. They are kept securely after each course.

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

e-mail: \_\_\_\_\_

In an emergency please contact: \_\_\_\_\_

Tel: \_\_\_\_\_

Please give details of ALL medical conditions that may affect the course member's ability, including advice given by a doctor. Course members are rarely excluded from an activity due to a medical condition, so please do not miss anything out.

Please indicate if the course member will be taking any medication during the course, and who is responsible for it.

**PLEASE NOTE** Staff are not allowed to administer any medicines whatsoever, and do not have any medications available such as antiseptic creams or aspirin. However, instructors are trained in first aid & carry first aid kits where appropriate. Participants remain responsible for remembering to take their own medication, and taking the correct dosage.

**IMPORTANT:**

Risks "The British Mountaineering Council recognises that climbing 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". Whilst Outdoohire will take all necessary precautions to try to ensure the safety of participants, unfortunately accidents can occur in consequence. Each participant should familiarise themselves with the hazards and try to minimise them by complying with Outdoohire guidelines. Outdoohire Ltd accepts no responsibility whatsoever for any loss or injury resulting from any persons' involvement in climbing (indoor or outdoor), trek training or navigation instruction. It is understood that you take part at your own risk.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent for Under 18s:** I consent for the person named above to take part in the activities outlined in the itinerary, and I confirm that I know of no reason why they should be unable to take part.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to course member: \_\_\_\_\_



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