

Checked by:

Date:

BAC Medical Disclosure Form

Do you have a reasonable level of health and physical fitness?

All participants are asked to disclose (in confidence) relevant health and fitness information that may affect their ability to participate or put at risk their health due to any known condition. If in doubt, prospective participants should consult with their doctor before attending any programme of outdoor physical activity with BAC.

All outdoor activities have a potential for risk and injury. BAC puts your health & safety first and will only use qualified instructors, trained to risk assess each activity against your disclosed ability to participate in each activity.

Your full cooperation is important and appreciated to ensure a safe and fun adventure learning experience.

Participant Details	
Name:	Address:
Mobile no:	
Email:	
Date of birth:	Postcode:

Emergency Contact Details	
Name:	Relationship:
Emergency contact no:	

Doctors Contact Details	
Name:	Contact no:

Personal Disclosures	
Do you have a medical condition/ailment? If yes, please provide details:	YES / NO (please circle)
I am taking the following medication:	
I have my medication with me:	YES / NO (please circle)
If you are female – I am pregnant or suspect that I might be pregnant:	YES / NO (please circle)
For water based activities only – I can swim 50m:	YES / NO (please circle)
I consent to medical treatment if necessary: (consent must be given in order to participate in activities)	YES (please circle)

All personal and contact information provided on this medical disclosure form will be confidentially and securely held for the sole purpose of insurance compliance.

BAC will not use any information provided for mailing or direct marketing purposes and BAC will not exchange any personal and contact information provided with any other organisations.

For children and young persons this information will be held for 20 years and for adults (18 years+) for 5 years. All individual information will be held under the group booking name and date of activity provided by BAC.

Signature: (By participants if over 18 years of age or by a Parent / Guardian if under 18 years old)	Print Name:
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