

**CONFIDENTIAL**

**CLIENT MEDICAL INFORMATION**

Name

Date

Address.....  
.....  
.....

D. O. B. (optional).....

Doctors Details .....

- 1. Have you in the past, or do you currently, suffer from any medical conditions? (please give details.)  
Yes/No
  
- 2. Do you suffer from any ailments or sports injuries etc. that it would be useful for us to know about? (Please detail)  
Yes/No
  
- 3. Are you currently taking any medication? (If so please detail).  
Yes/No

Please give details of the person you would wish us to try and contact in the event of any emergency whilst you are undertaking Activities Provided by REAL **ADVENTURE**.

Emergency contact name

Tel. No. ....

Address.....  
.....  
.....

If there is any other information you should disclose to us please so on the back of this form.

I DECLARE THAT I AM MEDICALLY FIT TO UNDERTAKE ADVENTUROUS ACTIVITIES AND UNDERSTAND AND ACCEPT THE NORMAL RISK OF BEING IN AN OUTDOOR ENVIRONMENT.

Signature

Date