

PERSONAL RISK ASSESSMENT & CONSENT FORM

ACTIVITIES BY BRYN WALKING

Type of activity:

Venue for activity:

Date(s) of activity:

PARTICIPANT INFORMATION

Surname																				
First name(s)																				
Date of Birth:											Age:									
Telephone:	Landline:										Mobile:									
Email Address:																				
Address																				
	Postcode:																			

MEDICAL INFORMATION

Do you have any medical conditions or disability of which we should be aware? YES/NO - <i>If yes please give details:</i>
Do you have any allergies or intolerances? YES/NO - <i>If yes please give details:</i>
Please detail any other information that may be relevant to your participation in this activity:

N.B If you have any doubts or concerns about your ability to participate, please consult your activity leader and/or doctor.

SAFETY & RISK DECLARATION

Please complete all sections:-	YES
I understand that the activities I may participate in might expose me to some hazards and involve the risk of property damage and loss and even personal injury, illness or death.	
Bryn Walking accepts liability for death or personal injury if due to its negligence, but cannot be held liable for your own actions, or those of a third party.	
I do not have any relevant medical conditions or illnesses other than those disclosed above.	
I have read the relevant Terms and Conditions of my booking and agree with these.	
I am physically able to undertake the activity for which I submitted a Booking Form from www.brynwalking.co.uk and fully understand the course syllabus and other requirements for the course.	

EMERGENCY CONTACT DETAILS

Name:			
Address:			
Telephone:	Landline:	Postcode:	
		Mobile:	
Relationship to you:			

GDPR 2018

Please tick here if you **give** consent for us to use your contact information to send you details of future activities.

Please tick here if you **give** consent for us to use photographic images of you on our media sites.

I am over the age of 18 and confirm that all the information supplied herein is correct.

Name :		Signature :
Date :		