



HEALTH DECLARATION & REGISTRATION FORM

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CONTACT NUMBER (NUMBER OF PARENT/GUARDIAN CONTACT IF UNDER 18): _____

EMAIL: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

PLEASE CONFIRM / DENY THE FOLLOWING IN RELATION TO COVID -19:

I confirm that within the last 14 days I have not been infected or shown symptoms of Covid-19 YES NO

No one in my household is in the extremely vulnerable category as defined in the current UK government advice YES NO

ACCEPTANCE OF RISK

Geology Rocks Adventure Tourism delivers programs which incorporate a variety of activities (Rock Climbing, Hiking, Camping, Zip Lines, Educational Field trips, Teambuilding, Bush craft, Bouldering (Gorge Walking), SUP and Coasteering), all of which carry an inherent risk. Geology Rocks Adventure Tourism will minimize that risk as much as possible and in accordance with industry standards, but each participant must also act in a manner that does not increase that risk. By signing this form you state that you accept the inherent risk associated with these activities as described to you by the instructor and from your previous knowledge of any inherent risks involved. You must choose the level of your participation based on your abilities and it is essential that you discuss, in confidence, any relevant medical history or uncertainty of the risk with the Instructor, who can refuse you participation (based on health) if they deem the situation warrants it.

MEDICAL INFORMATION

Do you have a medical condition? Yes No (If yes, discuss in confidence with your Instructor)

Dietary Requirements Yes No (If yes, discuss in confidence with your Instructor)

MEDICAL CONDITIONS

Asthma Epilepsy Diabetes Recent Injuries – Sprains/Strains/ Breaks Heart conditions

Back Problems Pregnancy Allergies (Inc nuts) Mental/physical disability

Other (please describe below)

PLEASE SPECIFY ANY MEDICAL OR DIETARY CONDITIONS / REQUIREMENTS:

PHOTOGRAPHS & ADVERTISEMENT

During events we often take photographs as a reminder of the great day you have had with us. These may subsequently be used for marketing purposes.

DO YOU CONSENT TO PHOTOGRAPHS BEING TAKEN AND POSSIBLY USED FOR MARKETING PURPOSES? Yes No

DO YOU CONSENT TO RECEIVE EMAILS OR MARKETING MATERIAL THAT RELATES TO UPCOMING EVENTS? Yes No

ACCEPTANCE OF RESPONSIBILITY & PARENTAL APPROVAL

I understand the inherent risk involved in outdoor activities and in the event of an emergency, consent is hereby given to the Instructor to provide first aid and/or seek emergency medical care or hospitalization, as appropriate. It is a condition of participation that minors under 18 must have parental approval.

PARTICIPANT (OVER 18) / PARENT SIGNATURE: _____ Date: _____