



Hatt Adventures
PO Box 5157,
Brighton,
BN50 9TW

01273 358 359

www.thehatt.co.uk

MEDICAL FORM

Course Details

Course Name _____ Date of Course _____

Personal Details

Title (Mr / Mrs) _____ Full Name _____ Age _____

Address _____

_____ Post Code _____

Phone _____ Mobile _____

E-mail _____

Medical Conditions, Allergies or Disabilities

Dietary Requirements

Vegetarian Vegan

Other (Please specify) _____

Next of Kin

Title (Mr/Mrs) _____ Full Name _____

Address _____

_____ Post Code _____

Phone _____ Mobile _____

Relationship _____

Declaration

This statement has been adapted from the "Participation Statement" provided by the British Mountaineering Council (BMC): "Adventurous activities such as rock climbing, abseiling, mountaineering, bushcraft, survival, kayaking, canoeing and surfing 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."

I understand that 'adventurous activities' are inherently dangerous and I take responsibility for my actions and involvement and will act on all requests made by the activity instructors with regards to my safety.

If under the age of 18 this section must be signed by a parent or legal guardian.

Signed _____

Print Name _____

Date _____