

RECOGNITION OF RISK - ARRAMPICA VERTICAL ADVENTURES

This form states that you accept and recognise that there are inherent risks involved in taking part in adventure at the venues stated below and similar venues. Risk sports include; hill / mountain walking, climbing, scrambling, ghyll scrambling and bouldering. Also where applicable for overnight accommodation at the venue and contact details stated below.

DATE OF COURSE **NEEDS TO POPULATE WITH COURSE DATES**(Form valid for period of each payment or course/courses)

SPORTS VENUES: **NEEDS TO POPULATE WITH LOCATION OF COURSE .**

ACCOMMODATION VENUES: **NEEDS TO POPULATE WITH LOCATION OF ACCOMMODATION.**

PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

FULL NAME OF PARTICIPANT:

Participant Details:

DATE OF BIRTH:	TELEPHONE NUMBER/S:
ADDRESS OF PARTICIPANT:	POSTCODE:
NAME OF GP (if available):	PHONE NUMBER:
DETAILS OF ANY SPECIAL MEDICAL CONDITIONS OR ALLERGIES, FOOD INTOLLERENCES OR SPECIAL DIETARY NEEDS / PREFERENCES (i.e. LACTOSE INTOLLERENCE, VEGETARIAN ETC), INCLUDING CURRENT MEDICATION (and its location):	

Next of kin details

FULL NAME OF NEXT OF KIN:	TELEPHONE NUMBER/S:
RELATIONSHIP TO PARTICIPANT:	
ADDRESS OF NEXT OF KIN (if different than above):	POSTCODE
FURTHER CONTACT DETAILS FOR PERSONS IN CASE WE CANNOT CONTACT MAIN NEXT OF KIN: Name, relation and contact tel number please:	
<p>I HAVE READ THE ABOVE PARTICIPATION STATEMENT AND THE TERMS AND CONDITIONS OF ARRAMPICA VERTICAL ADVENTURES AND RECOGNISE THE INHERENT RISKS INVOLVED. I UNDERSTAND THAT WHEN PARTICIPATING IN THE APPLICABLE SPORT, ANY INSTRUCTIONS GIVEN BY STAFF MUST BE ADHERED TO. I UNDERTAKE TO INFORM STAFF OF ANY CHANGES IN MY HEALTH OR NEEDS AND ANY MEDICAL TREATMENT RECEIVED.</p>	
Signed.....Name in Full.....Date.....	

*IF THERE IS INSUFFICIENT SPACE IN THE ABOVE BOXES, PLEASE CONTINUE ON THE REVERSE OF THIS FORM.
 Return form completed in full to: Arrampica Vertical Adventures, Oakhill, Longwood, Endmoor, Cumbria, LA8 0ES, A
 MINIMUM 7 DAYS BEFORE THE DATE OF THE OUTDOOR ADVENTURE. Any query, please call the office on 08450947923*