

Medical Declaration Form

Please complete **all** sections and return **promptly** in order to take part in the ride.

YOUR DETAILS

Title: First name:

Surname:

Address:

Postcode:

Mobile/tel no:Email address:

Date of birth:

Please give details of any allergies, current/recent medical conditions, operations, illnesses, injuries, disabilities or other information we need to be aware of e.g. balance impairment, severe anxiety/fear of heights, poor fitness (continue overleaf if required):

.....
.....
.....
.....

Please note we reserve the right to ask you to provide written consent from your GP if required for participation

Please inform an Arrowhead Management member of staff on the day of the event of any changes since the completion of this form. Should it be deemed that someone's condition, ability or fitness puts that person or others at risk then they may be asked to stop riding or not be allowed to participate.

EMERGENCY CONTACT

Name:

Relationship:

Tel no (During event):.....

AGREEMENT

I have read and have completed this Medical Declaration to the best of my knowledge. I will also agree to sign the risk declaration form which is also a requirement for taking part in this event.

Signed:Date:

Arrowhead Management will not share your details with any third parties and information disclosed will be treated strictly confidentially.