

FULL NAME Inc. Title: .....

ADDRESS: .....

.....

POSTCODE: .....

TELEPHONE (MOBILE & DAYTIME): .....

DATE OF BIRTH: ..... SEX: .....

COURSE TITLE: .....

COURSE COMMENCEMENT DATE: .....

Please give details of any dietary requirements (e.g. vegetarian, vegan etc): .....

MEDICAL INFORMATION (all medical information will be treated with the strictest confidence):

NHS No: ..... Blood Group (if known): .....

Please give details of any medical condition(s) which might affect your performance/safety on the course:

.....

Do you suffer from any condition requiring medical treatment? If yes, please detail any prescribed medication:

.....

Do you suffer from any known allergies (inc. allergies to medication)? If yes, please give details:

.....

Have you received a Tetanus injection within the last ten years? .....

In the event of a serious injury, who should we contact on your behalf?

Name: ..... Contact number: .....

Are they your next of kin? If no, please give details of next of kin: .....

I understand that in consideration of participating in the course and that by signing this Consent Form, I am declaring the following:

1. That I am of sufficient physical fitness to participate in the course.
2. That I agree to abide by the safety policies as set out by Woodlore Ltd.
3. That I recognise that the course has inherent risks, including injury and possible loss of life, and
4. That Woodlore Ltd. Instructors and assistants will not be liable to me now or at any time in the future for any loss, expense, damage or claim that I might have against them for any damage to my property as a result of my participating in the course

SIGNATURE: ..... DATE: .....