



# Woodlore

## WILDERNESS BUSHCRAFT

Established in 1983

FULL NAME: .....

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.): .....

*Please note that some of our courses are self-catering; please check your course details for further information.*

Medical Information (all medical information will be treated with the strictest confidence):

NHS Number (if known): ..... 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 (incl. allergies to medication)? If yes, please give details:

.....

Have you received a Tetanus injection within the last ten years? YES/NO

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

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

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

We may occasionally use images or video footage from our courses for promotional purposes. Please let us know if you are happy for photos or film images of you to be used in this way. Yes  No

I understand that by participating in the course and that by signing this form, I am declaring the following:

- I am of sufficient physical fitness to participate in the course,
- I am free of Covid-19 symptoms,
- I agree to abide by the safety policies as set out by Woodlore Limited,
- I recognise that the course has inherent risks, including injury and possible loss of life, and,
- Woodlore 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: .....

*The information we have collected on this form will be used on the course by the course team for your safety, well-being and to enhance your experience with Woodlore. This information will be destroyed once your course has taken place.*