

Hillwalking – Leader Training / Assessment

Medical Information / Acknowledgement of Risk

The information on this form serves two purposes:

1. Completes the mandatory 'acknowledgement of risk' form for The Scout Association.
2. Collects essential medical information.
3. Collects contact details for an emergency contact.

Course: _____

Date of course: ____ / ____ / ____

Name of Participant: _____

Date of Birth: ____ / ____ / ____

Please provide details for the following:

Home address	
Mobile telephone number	

Any known medical conditions?	
Prescription medication being taken? (Provide full description and dosage)	
Any known allergies?	

Any special needs that may in any way affect participation in this event?	
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Emergency contact <small>(Provide name, telephone number and state relationship to the attendee. At least one number must be a mobile telephone.)</small>	
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<p>Declaration:</p> <p>I (full name) will be participating on above mentioned event/course.</p> <p>I acknowledge this course involves participating in an activity [Hillwalking/Scrambling] that is adventurous by nature and as such involves a higher risk of injury. I understand that whilst the instructor facilitating this course will make every effort to mitigate potential risks, however removing all elements of risk is not possible. In full acknowledgement of the above statement, I consent to participation.</p> <p>I confirm that to the best of my knowledge all the information contained on this form is complete and valid for the duration of the course.</p> <p>Signature of participant: _____ Date: _____</p>
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