



# Hepworth Adventures Ltd

## Booking, Consent and Medical Form

Please return this completed form to your link teacher or via email (scans are fine as long as the information can be read) to [jeremy@hepworthadventures.co.uk](mailto:jeremy@hepworthadventures.co.uk) or by post to: **Hepworth Adventures**  
32 Torrington Road  
Claygate, KT10 0SA

Please complete this form using block capital letters.  
Delete as appropriate.

### Participant Personal Details

<b>First name</b>		<b>Family Name</b>	
<b>Mobile</b>		<b>Date of birth</b>	
<b>eDofE ID number</b>		<b>Gender</b>	
<b>Home Address</b>	<b>Town</b>		
	<b>Postcode</b>		
<b>E-mail</b>			

<b>Expedition Location 1:</b>					<b>Expedition Location 2:</b>			
<b>Level:</b> (please indicate)	Bronze	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Practice	<input type="checkbox"/>
							Qualifying	<input type="checkbox"/>
<b>Dates of Expedition 1</b>	<b>From</b>		<b>To</b>		<b>Dates of Expedition 2</b>	<b>From</b>		<b>To</b>

<b>Emergency contact</b>		<b>Relationship to participant</b>	
<b>Address during the expedition:</b>			
<b>Phone</b>			

### Medical Information

The information provided in this section will be treated as confidential and will help ensure that you get the most out of the programme. If you have any doubt what so ever about completing this part of the form, please consult your doctor.

#### Does the participant have any of the following conditions?

	Yes	No		Yes	No	
Back problems			If you have answered yes to any of the above, please provide more information			
Knee or ankle problems				High blood pressure		
Asthma				Heart conditions		
Prone to fainting				Diabetes		
Prone to dizzy spells				Physical Disabilities		
Epilepsy				Mental Illness		
Allergies				Infectious Disease		
Coeliac Disease				Other		
				Have you had a Tetanus vaccination in the last 10 years?		

If you have answered yes to any of the above, please provide more information

Please provide any information regarding any medication or medical treatment that you may or will need to take during the activity

Please give details of any other recent medical conditions, medical issues or disabilities that Hepworth Adventures should be aware of

Do you have any specific dietary needs (Vegetarian, Vegan, Nut Allergies)



## PARTICIPATION AGREEMENT

- When an activity becomes predictable and absolutely safe, it ceases to be exciting or by definition to be an adventure. For an activity to be adventurous it must have an uncertain outcome and it will carry risks. Going into mountainous regions is implicitly hazardous, and if we add to that an adventurous activity, then by necessity the hazards are increased. This implies an inherent and intractable risk of injury or, in the extreme, loss of life. Anyone considering taking part in a trip or activities with Hepworth Adventures need to consider this very seriously, to take responsibility for their own participation, acknowledge and accept these risks.
- The British Mountaineering Council (BMC) acts on behalf of walkers, climbers and mountaineers in the UK and offers the following participation statement that we ask you to agree to:  
 “The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.”
- Remotely supervised expeditions involve journeying, in groups, unaccompanied by staff.
- Participants are trained how to manage these journeys safely including going off route and dealing with emergencies.
- Staff will meet groups through the day, but if the group goes off their proposed route there may be periods of many hours when the group has no staff contact, and when the staff do not know the group’s exact location. Participants may be using campsites without facilities and without adult supervision.
- Each group will have a phone that may be their own or one provided by Hepworth Adventures. This is to be used in an emergency only. Participants should not use this phone to contact home during the expedition.
- Hepworth Adventures expeditions include adventurous activities as defined by the Health and Safety Executive. Staff are trained and qualified to lead in these environments and have a duty of care to make the activities as safe as is reasonably practical. However, adventurous activities by their nature and are hazardous and cannot be completely risk free. Accidents can happen without any contributory negligence from Hepworth Adventures or its staff.

## DECLARATION and CONSENT

- I understand and accept the above statements and acknowledge the information received regarding the proposed event.
- I understand and agree to the supervision and camping arrangements as far as has been reasonably set out in the information received.
- I acknowledge the need for responsible behaviour on the part of the participant and if respect is not shown or the school/ Hepworth Adventures is brought into disrepute, the participant may have to return home before the end of the expedition at the cost of the parent/ carer.
- I understand that the Hepworth Adventures staff will be acting *in loco parentis* and give authority to medical or other authorised personnel to carry out medical treatment and/ or procedures as may be required in an emergency.
- I understand that the participant is responsible for the safe custody of their personal belongings and that Hepworth Adventures or the staff cannot be held responsible for replacing any such personal belongings that are lost damaged or stolen or for compensation of any kind.
- I have read and understand the booking conditions listed on Hepworth Adventures website.
- I agree to the organisers of the programme making contact by letter/ phone/ email with further details of the programme and for monitoring/ future offers of development opportunities.
- I consent to photos and video footage of the above named participant being taken during the programme. I give permission for images and video to be used by Hepworth Adventures in any publications, including their website. To opt out of the named participant appearing on Hepworth Adventures publications please tick here:
- We may share the participants name and their contact details with other members of the expedition. If you wish to opt out of this sharing of information please tick here:
- On behalf of the person named on this form I am authorised to make this booking and have read and agree to the participation statements above.

I confirm that I have read and understood the declaration and participation above			
Signature of participant		Date	
Signature of parent/carer if under 18		Date	