

Craigower Lodge  
Newtonmore  
Inverness-shire  
PH20 1AT



Tel: 01540 210000  
[info@activeoutdoorpursuits.com](mailto:info@activeoutdoorpursuits.com)

### MEDICAL DECLARATION FORM

Name		D.O.B	
Address			
	Postcode		
Email			
Mobile Number			
Activity / Course			
Activity Date/s			
Emergency Contact		Tel	

Please declare any medical / physical or mental conditions, illnesses or allergies from which you currently suffer.  
Please include relevant medication / treatment regime.  
Also state specific concerns in your ability to cope with heights, exposure to cold, sun or water.

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#### DISCLAIMER NOTICE

Outdoor activities are physical and demanding sports, with inherent risks and hazards associated with them. Whilst Active take all necessary steps to ensure the safety of all participants, unfortunately accidents do occur in consequence. Participants should consider risks and be aware of hazards. It is imperative that Active's staff instructions are followed.

Active accept no responsibility whatsoever for any loss or injury resulting from any persons' involvement in adventurous activities. It is understood and agreed that clients participate at their own risk.

I have read, understood and agree with the booking terms and conditions.

THIS INFORMATION WILL BE TREATED WITH THE STRICTEST OF CONFIDENCE AND WILL BE DESTROYED

Signature		Date	
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