



# Blairvadach Outdoor Education Services Declaration

**PLEASE USE BLACK INK AND BLOCK LETTERS**

<b>1</b>			
Name of School / Group			
Name of Participant:			Date of Birth: dd / mm / yy
Visit Dates:	From: dd / mm / yy	Time:	To: dd / mm / yy Time:

<b>2</b>		
Medical & Contact Information: to be completed by participant	Please write Yes or No	Give details if required
a Do you have any medical or additional requirements, which may affect your ability to participate in the excursion / activity? If YES, please give brief details.		
b Are you currently taking any medication (including asthma)? If YES, please specify		
c Are you allergic to anything? <i>If YES, please specify</i>		
d If applicable, please outline any special dietary requirements you have		
e Details of Family Doctor:		
Doctor Name:	Phone No:	Medical Practice:
<b>Emergency Contact Details (Someone who will be available during the activity experience/s)</b>		
Name:		
Relationship to participant:		
Phone Number:		

<b>3</b>
<p><b>Safety and statement of risk</b></p> <p>We have more than 40 years' experience in providing adventurous activities and consider our safety arrangements to be at the forefront of the adventure activity industry. The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them.</p> <p>Participants are never forced to do an activity and if any participant has concerns they should make these known to their instructor. The level of risk associated with Blairvadach Outdoor Educational Adventurous activities is normally very low, and probably no greater than that experienced by active people in everyday life.</p> <p>Activities may include: Kayaking, Canoeing, Dinghy Sailing, Gorge Walking, Scrambling, Ropes Course, Climbing, Hill Walking, Mountain Biking, Orienteering and Environmental studies. Further information can be found online at <a href="http://www.blairvadach.org.uk">www.blairvadach.org.uk</a></p> <p>Activities are conducted within the Adventurous Activities Licensing Authority Regulations and the Centre's and Glasgow City Councils Policy of Safety Management.</p>

<b>4</b>		
<p><b>Declaration:</b></p> <p>a I undertake to inform the centre as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the journey/visit/excursion.</p> <p>b I acknowledge that there is an element of risk in taking part in outdoor adventurous activities and am content with the information received about the activity. I accept that Blairvadach and its staff are under no liability whatsoever in respect of loss or injury which I may sustain through participation in the above course.</p> <p>c I consent to receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>d I understand the extent and limitations of the insurance cover provided (information can be found online at <a href="http://www.blairvadach.org.uk">www.blairvadach.org.uk</a> )</p> <p>e I am happy for photos to be taken on activity and used by Blairvadach OEC only for the promotion of Blairvadach Outdoor Centre.</p>	Please write Yes or No	
Name:	Signed:	Date: dd / mm / yy



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