



Blairvadach OEC Declaration & Medical Form

for participation in Activities at Blairvadach Outdoor Education Centre Only

PLEASE USE BLACK INK AND BLOCK LETTERS

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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:

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Medical Information:	Please write Yes or No	Give details if required
a Do you the participant suffer from any condition requiring medical treatment, including medication? <i>If YES, please give brief details</i>		
b To the best of your knowledge, have you, the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be/become contagious or infectious? <i>If YES, please give brief details</i>		
c Are you, the participant allergic to any medication? <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:		

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Safety and statement of risk

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.

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.

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 www.blairvadach.org.uk

Activities are conducted within the Adventurous Activities Licensing Authority Regulations and the Centre's and Glasgow City Councils Policy of Safety Management.

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Next of Kin Contact Details – in case of emergency:

Name _____ Relationship: _____

Contact Number: _____

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Declaration:	Please write Yes or No
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.	
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.	
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.	
d I understand the extent and limitations of the insurance cover provided (information can be found online at www.blairvadach.org.uk)	
e I am happy for photos to be taken on activity and used by Blairvadach OEC only for the promotion of Blairvadach Outdoor Centre.	
f I confirm that I have not been infected or shown symptoms of Covid-19 within the past 14 days	
g I confirm that no one in my household has been infected or shown symptoms of Covid-19 within the past 14 days.	
l I confirm that if I cannot answer 'yes' to the questions f & g on the first day of the course I will not attend said course.	
Name:	Signed:
	Date: dd / mm / yy