



## **Disclaimer and Medical Declaration form**

Event: The Disability Direct Derbyshire 3 Peaks Challenge

Date: 19/05/2018

**Participant's Name in full (please print):**

Disclaimer: All participants must sign below, in doing so you accept full responsibility for any injury, accident etc., which may result from their participation in the following event.

I confirm that I am familiar with the nature of the activity which I wish to undertake and acknowledge all the risks involved. I hereby declare that I am in good health, and that I am not suffering from any medical condition or disability that might make it unsafe for me to take part in the event. I accept that I shall be solely responsible for any decision as to my fitness to participate and to complete the challenge.

**Signature:**

**Date:**

Medical Declaration: Please give details of all medical conditions, including allergies, current conditions (such as diabetes, asthma or epilepsy), and any conditions of the heart or current injuries that you may have:



Are you currently receiving any medical treatment and/or taking any medication?

Yes / No (Please circle)

If yes, please give details:

**Please agree to the following disclaimer:**

I understand that I am taking part in an event which will require me to undertake exercise for a prolonged period. I will have, if necessary, gained advice from my GP as to whether I am physically prepared to undertake the walk. I also understand that I will only undertake the walk if I feel that I am physically able to do so.

**Signed:**

**Date:**

**In case of illness/emergency on the day please provide us with emergency contact details:**

Name:

Relationship:

Telephone number on the day:

Address of emergency contact:

*Please note: If any of the above details change in between completing the form and the walk itself, please notify us. Thank you.*