Course Member Details
Keswick Mountain Adventures

Course name _____ **Course date** _____

Personal details

Title _____ First name _____

Surname _____

Age _____ Date of birth _____

Address _____

_____

_____

_____ Postcode _____

E-mail _____

Telephone numbers

Home _____

Mobile _____

Work _____

Personal Information

Medical conditions & medications

_____

_____

_____

_____

_____

Allergies (please indicate severity)

_____

_____

_____

Significant disabilities

_____

_____

Emergency contact details

Name _____

Address _____

_____

_____

Phone number _____

Mobile number _____

Relationship to you _____

Doctor's name _____

Doctor's phone no. _____

Doctor's surgery address

_____

_____

- **Participation in adventurous activities entails some risk of injury. Keswick Mountain Adventures instructors are trained and qualified to run activity sessions and will at all times proceed in a manner to limit the risk of injury. However, participants accept that accidents and injury may occur.**
- **I accept that Keswick Mountain Adventures are not under any liability whatsoever in respect of loss or damage to personal property, not caused by the negligence of Keswick Mountain Adventures, staff, suppliers or agents whilst attending the course.**
- **I understand that bookings are accepted on the understanding that Keswick Mountain Adventures safety regulations are observed.**

Signature _____

Date _____

(Signature of parent / guardian if course member is under 18)