|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your first name | |  | | | | Surname: | |  | | | | | | | | | |
| Address | |  | | | | | | City/Town: | | | | Postcode: | | | | | |
| Telephone number | |  | | | | Mobile: | |  | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | | |
| Emergency contacts (please provide at least two) | | | | | | | | | | | | | | | | | |
| Name 1 |  | | | | | Telephone | |  | | | | | | | | | |
| Name 2 |  | | | | | Telephone | |  | | | | | | | | | |
| Do you have sore joints that could worsen by undertaking this activity? | | | | | | | | | | | | | | Yes | | No | |
| Have you had or do you have Epilepsy or concerned in any way that you may have it? Do you carry an Epi pen? | | | | | | | | | | | | | | Yes | | No | |
| Are you pregnant? | | | | | | | | | | | | | | Yes | | No | |
| Do you have any Covid 19, Long Covid / Cold or Flu like symptoms recently (last 10 days)? | | | | | | | | | | | | | | Yes | | No | |
| Do you suffer from vertigo / are you afraid of heights or rocky scrambles? | | | | | | | | | | | | | | Yes | | No | |
| Have you suffered from circulatory issues such as deep vein thrombosis? | | | | | | | | | | | | | | Yes | | No | |
| You are aware that this is a tough physical activity with some degree of personal risk? | | | | | | | | | | | | | | Yes | | No | |
| Have you been diagnosed by your doctor or health professional with any of the five following medical conditions below? | | | | | | | | | | | | | | | | |
| Heart disease | | |  | High blood pressure |  | | Emphysema / bronchitis | |  | Diabetes |  | | Asthma | |  | |

**Declaration:** I understand that if I have answered ‘Yes’ to one or more of the above questions, I should seek medical advice before attending a overlimits activity. I agree to tell the walk leaders if there is a change in my medical condition. **I also understand that the walks organised by overlimits are of a strenuous nature and that I am responsible for any medication that I may require for an establish health related issue and that I understand that this information will be shared with the walk leaders and that I walk at my own risk.** I give permission to overlimits, the organisations First Aid trained staff and or marshals to provide First Aid should it be required. I am also aware that if I have medication, it is my responsibility to inform the event organisers where that medication is located during the event (Epi pens / Inhalers / other) and that **overlimits will not prescribe any medication unless permission has been given.**  
**I also accept that it is MY responsibility to inform overlimits of any other medical related matter (including pregnancy) that may affect me on a strenuous physical challenge.**

Signed: ........................................... Date: ...................................... (Page 1 of 2)

**About you (tell us a bit more about your level of experience and ability)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you? | Experienced walker i.e. 25 mile+ routes | Medium 10-20 miles a day walker | Starter up to 10 miles | |
| Not required |  |  | |
| Is there anything else that you think we need to know about your medical / health situation? | | | |  |

**Using and sharing your information**

The information provided will be held by overlimits in accordance with the Data Protection Act 2018.   
  
It will be used by overlimits to aid our risk assessment/s, to help us should an accident or emergency arise and to help foster peace of mind amongst both overlimits staff and you when it comes to your safety and that of others.

overlimits take as many precautions as may be required to ensure a safe and enjoyable experience, however not without eliminating risk which is part and parcel of our challenging events. overlimits events are supposed to be challenging and some degree of risk is to be expected, by signing this document you accept the risks associated with the walk or other event that you have booked on and accept those risks.   
  
**If you want to discuss your medical issue or anything else that may affect safety, or your experience on the event do call us on 07762791383**

**I have read and understood the above statement and hereby agree,** acknowledge and understand that overlimits takes no responsibility and has no responsibility or liability whatsoever for any death, personal injuries, accidents or loss or damage to property or belongings that occur to me before, during or after one of its events (save for death or personal injury caused as a result of overlimits negligence and or other legal responsibility)   
   
I further agree that overlimits is not liable for any consequential or indirect loss resulting from the cancellation at any time of the event or from any alteration to the event from that specified in the Itinerary website or other form of advertising.

Signed: ........................................................................ Date: ............................................................................(page 2 of 2)