



MEDICAL AND CONSENT FORM

Name:	Date of Birth: (DD/MM/YYYY)	Age:	Gender:
Preferred name:			
Address:			
Ph (home):	Ph (cell):	Email:	

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	Relationship:	Ph (home):	Ph (cell):
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Date of last tetanus injection: (Year)	Are you confident in water? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, how far along are you? <input type="checkbox"/> 1-13 weeks <input type="checkbox"/> 14-26 weeks <input type="checkbox"/> 27-40 weeks

Please indicate if you suffer/have suffered from: (If ticked, please briefly describe below, including previous treatment and how this may affect your participation at BMAC)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Complaints	<input type="checkbox"/> Mental Illness	Description:
<input type="checkbox"/> Poor Balance	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other:	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy		

Please indicate any previous injuries that may affect your participation at BMAC: (If ticked, please briefly describe below, including previous treatment)

<input type="checkbox"/> Head	<input type="checkbox"/> Neck/Back	<input type="checkbox"/> Shoulders	Description:
<input type="checkbox"/> Arms/Wrists/Hands	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Hips/Pelvis	<input type="checkbox"/> Legs/Ankles/Feet	<input type="checkbox"/> Other:	

Do you have any further concerns that could influence your participation in any activities or special instructions that your Instructor should know about?

Special food requirements: Vegetarian Vegan Gluten-free Dairy-free Nut allergy

All our staff are Outdoor First Aid Trained and carry comprehensive first aid kits. We are qualified to administer some non prescribed medication (i.e. Panadol) as required. **PLEASE TICK IF YOU DO NOT CONSENT TO THIS: NO**

At BMAC we often take photographs and video that may be used for promotional purposes, including placing photos on our Facebook page: www.facebook.com/BlueMountainAdventureCentre. **PLEASE TICK 'NO' IF YOU DO NOT CONSENT TO THIS: NO**

Adventure activities contain a degree of risk. While The Salvation Army Blue Mountain Adventure Centre and the instructors will make every effort to ensure safety and manage all risks, absolute safety cannot be guaranteed. Programmes may include white water rafting on rivers classified up to and including grade 3. (NZ Rivers can be rafted up to grade 5—3 is mid range).

In the event of an accident or illness, I authorise the obtaining of such medical assistance as may be thought necessary by the staff of The Salvation Army Blue Mountain Adventure Centre. I also agree to abide by all rules set down by The Salvation Army Blue Mountain Adventure Centre.

I am aware of the risk and undertake to comply with the instructors guidance for the benefit of my personal safety. I accept responsibility for my own actions.

Pregnancy or weighing more than 120kgs may impact our ability to take you on certain activities. Please speak to us prior to arriving if you have any concerns about this.

Signed (Participant):	Date:
Signature of Parent/Guardian: (If participant under 18 years)	Date: