

Disclaimer & Medical Consent Form For Over 18s



This form is to be completed by any adult taking part in an XTREME.IE activity session.
The medical information on this form will not be kept once the event has finished.

Please read our *Terms & Conditions* and *FAQ* for more information on participation and health and safety.

Please complete the following:

Name: Weight (Kg's):
Company: (Corporate Events Only).....
Home Address:.....
E-Mail:.....
Home Telephone: Mobile Telephone:.....
Date of Birth: Sex (please circle): Male/ Female
Contact in case of an emergency:.....
Contact's Home Telephone: Contacts Mobile Telephone:
Relationship of contact:.....

Medical Form - Please circle YES or NO to all of the following (PRIVATE & CONFIDENTIAL):

Have you ever had or do you currently have (If Yes please comment below):

Heart problems of any kind?	Yes / No	Diabetes?	Yes / No
High blood pressure?	Yes / No	Any arm or leg problems?	Yes / No
Recurrent back problems or surgery?	Yes / No	Do you regularly take prescription or non-prescription medications (excluding contraception pills)?	Yes / No
Epilepsy, seizures, convulsions or medications to prevent them?	Yes / No	Ladies: Are you pregnant?	Yes / No
Asthma, wheezing with breathing or wheezing with exercise?	Yes / No	Are there any other medical conditions that you think we should be aware of?	Yes / No

If YES, please give brief details: _____

I have read and understand the *XTREME.IE Terms & Conditions*. The information I have provided about my medical history is accurate to the best of my knowledge.

Signature of participant: **Date:**

XTREME.IE use only (please tick):	
The above may not participate in any activities except as an observer:	<input type="checkbox"/>
The above can participate in all activities:	<input type="checkbox"/>
The above can participate in the following activities only:	<input type="checkbox"/> _____
Signed:	Date: