

INDEMNITY FORM

To be completed by all participants aged 18+ before starting the activity

Peak Pursuits Ltd
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Activities to include one or more of the following:
 Abseiling, Bell Boating, Scrambling, Teambuilding, Rock Climbing, Snowboarding, Skiing, Canoeing, Kayaking, Mountain Biking, Fencing, Archery, Mountain Walking, Orienteering, Raft Building and any other activity which may be added which will be included in our insurance policy.

Name of Group:

Name of Participant:

Date of Birth:

Date of Activity: Time of Activity:

Do you suffer from any conditions requiring medical treatment, including medication?	Yes / No
If Yes please provide sufficient details.	
To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything that may become contagious in the last four weeks?	Yes / No
If Yes please provide sufficient details.	
Do you suffer from any allergies?	Yes / No
If Yes please provide sufficient details.	
Have you received a tetanus injection in the last five years?	Yes / No
I agree to inform Peak Pursuits in writing as soon as possible of any change in the medical circumstances between the date signed and the start of the activity.	Yes / No
I agree to receive emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.	Yes / No
Do you have any special dietary requirements?	Yes / No
If Yes please provide sufficient details.	



For water based activities can you swim 50 metres?	Yes / No
I understand that activities such as climbing, hill walking, mountaineering, mountain biking, canoeing and any other outdoor activities carry a risk of personal injury and fatality.	Yes / No
I understand extent and limits of the insurance cover provided. Certificates are available for viewing at the Peak Pursuits office.	Yes / No
I give my permission for any photographs taken of me whilst involved in the event/activity, to be used for Peak Pursuits display or publicity purposes and may also be used on the Peak Pursuits website.	Yes / No

No insurance is offered for the loss or damage to property during the activity.

I authorise the leader of the group to take emergency decisions on my behalf, including the giving of permission for medical treatment on the advice of the medical authorities present having taken the following medical information into account.

My Home Address is:

I may be contacted by telephoning the following numbers:

Home: Mobile:
 Work:

In the event of an emergency please contact:

Name:

Address:
 Telephone:

Please provide Doctors details:

Name:

Address:
 Telephone:

Signed: _____ Date

