

Freeworld Adventures

Pre-course medical and health declaration form

(Please answer all questions fully and return to Freeworld Adventures prior to course start date)

**Name**

**Date of Birth**

**Course date**

**Contact number (in case we need to ask any further questions)**

**Have you ever or are suffering from any of the following:**

Muscle, joint or back problems?

Heart related disorders?

Asthma or any form of breathing difficulties?

High or low blood pressure?

Eating disorders?

Diabetes?

Any allergies?

On any form of medication?

Any surgery within the last 12 months that may affect you on the course?

**Do you require any special dietary requirements?**

***If you answered yes to any of the questions listed above, please give further detail below.***

**I acknowledge and confirm that I understand the questions asked and the information I have provided on this medical form is correct.**

**I am aware that the nature of the courses will involve physically demanding activities, including walking and movement of natural materials, such as logs and movement over unsteady terrain in a variety of weathers. I accept the risks and be responsible for their actions and involvement**

**Signed:**

**Print name: Date:**