

Participant's Name:	Activity Date(s):
Home Address (inc' Postcode):	Participant's Date of Birth:
	Emergency Contact Name and Phone Number:
Doctor's Name & Surgery Phone Number:	Person Completing the Form (if participant is under 18 years):
Does the participant have any medical conditions/injury which Rewilding should know about?	
Does the participant require medication? (If Yes, what medication/dosage/when administered/can they self-administer?)	
Is the participant allergic to anything? (Food/medication etc.)	
When did the participant last have a tetanus injection?	
Is the participant fit and healthy enough to take part in the planned activity?	

For courses including catering- please detail any specific dietary requirements the participant has:	
Are you happy for photos of you/your child are taken and used on social media/marketing? Yes / No	Please provide your email address if you would like to receive information from Rewilding regarding upcoming events, workshops and news:
<p>Disclaimer;</p> <p><i>I agree that I /my son/ my daughter can receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I accept that outdoor adventure activities/bushcraft/Forest School has an element of risk and agree to take responsibility for my/my child's behaviour whilst engaging in activities.</i></p> <p><input type="checkbox"/> <u>I have read and accept the disclaimer</u></p> <p><input type="checkbox"/> <u>I have received an equipment/clothing list and will ensure I/the Participant will be suitably equipped</u></p>	
Signed:	Date:
Full Name:	
Relationship to Participant (if under 18 years):	