

Participant Information and Disclosure Pro-forma – Confidential

The XYZ Event involves a variety of activities which often includes warming up exercises, group problem solving and other challenging tasks.

The level of participation in an activity is, at all times, completely up to individual choice; yet an element of physical risk must be acknowledged and assumed by each participant.

In this regard, company XYZ requires that relevant health and medical information be made known to the Tutor(s) conducting the programme, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

Name: _____ **Date of birth:** _____

Department: _____ **Today's date:** _____

Do you have any physical disabilities (temporary or permanent)?

Yes No

If yes, please identify and explain: _____

Are you currently taking any medication – prescription or otherwise, e.g. for common cold symptoms?

Yes No

If yes, please state what you are taking and the nature of the condition: _____

Do you have any allergies, reaction to medications or any other medical limitations?

Yes No

If yes, please identify and explain: _____

- I acknowledge that elements of XYZ Event may be physically and/or emotionally challenging.
- I understand that the extent to which I partake in all physical activities is my own choice and acknowledge that I have been informed of my right to decline to take part should I wish to do so.
- I confirm that, to the best of my knowledge, I am in good health and not currently undergoing medical treatment, other than as disclosed above.
- I agree to comply at all times with the safety instructions and procedures as explained to me by the organisation and faculty of XYZ Event.

Signature: _____ Date: _____