



## MEDICAL INFORMATION FORM

This declaration must be completed by all event participants. Those who have a medical history or who are currently suffering from a medical complaint must provide details below, those who have nothing to declare should state “none” or “n/a”.

All the information recorded on this form will be held in the strictest confidence and used only for event planning purposes.

**Name:**

**Age:**

**Details of Medical Condition and Limitations: (Both current and in the last 5 years)**

**Details of Medication / Dosage / Frequency**

**Emergency Contact**

**Doctor's Name & Address**

### Declaration

I the undersigned give permission for LOW WOOD EVENTS to use the information above to help plan my company's event. I understand that if any historical or current injury or medical condition not mentioned above is aggravated by my participation in a LOW WOOD event then I deem them to be free from any blame, responsibility or legal liability. (This also incorporates undertaking events against doctors/medical advice)

Signed.....

Date.....

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