



Adult Activity Participant Details

This form is to be completed by any adult taking part in activities provided by Boulder Adventures Ltd. prior to activities being delivered.

Booking Name (Group or Organisation name)

Participant Name

Home Address

Telephone Number / Email Address

Next of Kin Name and Telephone Number

Medical Conditions

Please detail here any medication you take, medical condition, allergies or disability. Please also inform us in advance of any dietary requirements if on one of our residential courses.

If you **WOULD LIKE** to receive further information from Boulder Adventures please tick this box

Participation Statement

Participation in adventurous activities entails a risk of injury. Boulder Adventures Ltd staff are trained and appropriately qualified to run these activities and will at all times proceed in such a way as to limit the risk of injury. However participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

Signed _____

Date _____