**Mountain Sojourns Participant Activity Joining Form**

Please complete using BLOCK CAPITALS

**Personal Details**

First Name..................................Surname….…………………………….......... M/F......

Address..........................................................Town/City................................................

County............................................................................Post code..............................

E-mail Address............................................................................

Tel No………………………

Next of kin in event of Emergency Name……………………………….Tel………………

Activity……………………………………………………………..…Date…………………

**Further Information**

*Do you give permission for suitable photographs taken on the activity to be used for the purposes of PR* for Mountain Sojourns?

 **Yes/ No**

**Health Declaration - PLEASE READ CAREFULLY BEFORE SIGNING**

1. If you have any known allergies or medical conditions, that may affect your ability to exercise please inform your instructor before you start your activity and give brief details.

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2. If you have any regular medication such as inhalers etc. please make sure you carry them with you and let your instructor know.

1. Should I develop a condition that affects my ability to exercise, I will inform my walk instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.
2. It is understood and agreed that individuals participate at their own risk and Mountain Sojourns will do all in its power to run the activities as advertised, though weather conditions may entail a change of program for Health and Safety reasons.

**Signed** ……………………………………….**Print**………………………………Date…….