

Please read carefully before signing.

If you do not submit this Event Medical Clearance Form, you will NOT be eligible to participate in the following event.

EVENT: _____ **DATE:** _____

Entrant Details:

First Name: _____ **Last Name:** _____

Age: _____ **Date of Birth:** _____ Male Female

Address: _____

City: _____ **State:** _____ **Postcode:** _____

Country: _____

eMail Address: _____

Phone Home: _____ **Mobile:** _____

Emergency Contact:

Name of Emergency Contact: _____ **Relationship:** _____

Emergency Contact Phone Number: _____

MEDICAL QUESTIONNAIRE / RISK ASSESSMENT

Tick any box that is a current medical / health issue for you. This will be given to Support Staff on the day of the above event, who need to be made aware of any special medical conditions.

- | | |
|--|---|
| <input type="checkbox"/> Allergies | Do you require an EIPEN? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Muscular Pain / Cramps | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Regular Headaches | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Heart condition - self / family | <input type="checkbox"/> Kidney / Liver conditions |
| <input type="checkbox"/> High / Low blood pressure | <input type="checkbox"/> Recent Hospitalisation |
| <input type="checkbox"/> Other conditions that may limit your activity or require medication or special supervision? | |

Please give details: _____

Please Initial: _____

Continued overleaf...

If you have a serious medical condition you may not be able to participate in the event or we may require you to provide a signed clearance from your doctor.

1. I confirm I am in a physically fit state to complete the event safely and I have sufficiently trained for the event.
2. I acknowledge that if I am aware of an existing medical condition and uncertain of my state of fitness then a medical practitioner should verify my physical condition. If requested, I agree to provide the event organiser with a signed medical practitioner's certificate attesting to my physical fitness to participate in the event.
3. I have provided details of any medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed. I accept the risk of participating despite these conditions.
4. I consent to receiving any medical treatment including ambulance transportation that the event organisers think desirable or advisable in the event of injury, accident and/or illness during or after the event.
5. I understand that insurance cover for participants in the event may not cover all injury, loss or damage sustained by me.

Print Participant Name: _____

Participant Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____