



Charity Abseiling

27th September 2009

Additional health information

We require the following information for your own Health & Safety to ensure you are able to participate in the abseiling.

Ref No:

Relevant health information

Please tick the following boxes if you suffer from any of these conditions.

1. Do you suffer from a heart condition?

- | | | | |
|--------------------------|------------------------|--------------------------|-----------|
| <input type="checkbox"/> | Heart attack | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | Irregular heartbeat | <input type="checkbox"/> | Pacemaker |
| <input type="checkbox"/> | Other (please specify) | | |

2. Do you have any Prosthetic limbs?

- | | | | |
|--------------------------|------------------------|--------------------------|--------|
| <input type="checkbox"/> | Arm(s) | <input type="checkbox"/> | Leg(s) |
| <input type="checkbox"/> | Other (please specify) | | |

3. Do you suffer from Vertigo?

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

4. Do you suffer from Arthritis?

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

5. Are you pregnant?

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

6. Do you suffer from any breathing difficulties?

- | | | | |
|--------------------------|------------------------|--------------------------|------------|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Bronchitis |
| <input type="checkbox"/> | Other (please specify) | | |

7. Do you suffer with back problems?

- | | | | |
|--------------------------|------------------------|--------------------------|--------------|
| <input type="checkbox"/> | Slip disc | <input type="checkbox"/> | Spine bifida |
| <input type="checkbox"/> | Other (please specify) | | |

8. Any other conditions that you feel would be important which may result in you being unable to take part?

Disclaimer:

If you have ticked any of the above conditions or answered yes and would like to participate in the abseiling event. Please provide us with a letter of consent from your GP or hospital.

If you have not provided us with the correct information, we can not be held responsible for any accidents which may occur during the abseil, therefore it is your responsibility to provide us with the correct information before you submit your application.

It is your responsibility to pay due care and attention to the Instructor at all times, failing this we cannot be held responsible for any accidents that occur whereby the cause is not the fault of Opal Property Group Limited C/o Opal Foundation, due to any negligence on your part.

Name: _____

Signed: _____

Opal Foundation Representative: _____

Signed: _____

Dated: _____