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| Walk the mournes logo.tif | **Peter Rafferty** Mountain Leader (ML)  56 Burren Road,  Warrenpoint,  Co.Down,  BT34 3SA  **Ph:** +44 (0) 7974 768831  **E:** peter@walkthemournes.com  **W:** www.walkthemournes.com |

**BOOKING FORM & MEDICAL DECLARATION**

Participants in courses/activities must expect to be involved in adventurous and sometimes strenuous activities where they may be exposed to a range of extreme environmental conditions, including cold, heat and wet. Participants may also be expected to carry heavy items such as rucksacks. Participants are expected to be of good general health. The medical section must be completed as part of the booking process. All disabilities, physical conditions, prior injuries and/or serious illnesses must be declared. Any injury or illness occurring between the time of the declaration and the commencement of the course must be reported. The participant must satisfy themselves that taking part in the course/activity is within their own capabilities. The company reserves the right to refuse a booking on medical grounds for safety reasons. Please also see the statement below which is taken from the Mountaineering Ireland website:

“Visitors to this website are reminded that hill walking, climbing and rambling are activities that can be dangerous and may result in personal injury or death. Participants should be aware of and accept these risks and be responsible for their own actions and involvement.”

Course/activity you wish to attend:

Your Name:

Address:

Date of birth:

Phone No. Home: Mobile:

Email address:

Emergency contact names & numbers:

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Recommended Kit for Mountain Walks etc

***Please note strictly no dogs permitted***

**Please print and check off this list before you leave for your event:**

Mountain walking boots or footwear designed for off trail use suitable for mountain conditions

Walking trousers or tracksters, jeans NOT recommended

Waterproof coat with hood and full length waterproof trousers

Spare fleece for use when stopped for breaks etc.

Hat and gloves

Bottle of water and possibly a small flask of tea/coffee

Sandwich or a snack and a Mars bar or similar

Medication e.g. inhaler

Camera

Rucksack to hold all of above

**PLEASE NOTE:** For your safety anyone without appropriate footwear etc. may not be permitted to participate.

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**MEDICAL STATEMENT** (confidential)

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| **Please give details of:**   1. **Any current existing injuries or medical condition/any medication being taken.**   **Participants not in possession of their medicine e.g. inhaler will not be permitted to attend on that day.**   1. **Have you or any member of your household currently or in the past 14 days had symptoms of Covid 19**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **Any other relevant information which may affect your participation in the activity/event including allergy or dietary requirements.**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I confirm I have read and understand all 3 pages of this Booking Form/Medical Declaration & Kit List.**  **Signed: Print Name:**  **Date:**  **Page 3 of 3** |

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