**ADULT HEALTH DECLARATION**

**WALK/TOUR PARTICIPANT**

**NAME:** …………………………………………………

**DOB:** ……………………………………

**E-MAIL ADDRESS:** ……………………………………………………………………

**ADDRESS:**

**TELEPHONE:** (Day)(Evening)

**MOBILE:** ……………………

**CONTACT IN CASE OF EMERGENCY**

**NAME:**

**ADDRESS:**

**TELEPHONE:** (Day) (Evening)

**MOBILE:** ……………………………………………………….

**THE DEMANDS OF THIS WALKING TOUR**

Anyone suffering from or ever having suffered from any medical condition, illness, injury or allergy or who is pregnant should consult their doctor in advance. They should only attend following positive advice from their doctor and should make their condition known to the Tour Guide/Walks Leader in advance of booking.

 It is standard practise on all hill walks (regardless of how strenuous the route) for all participants to accept that any Hill-walking and rambling activity is inherently dangerous and can lead to serious personal injury or death. Participants should be aware of and accept these risks. All participants having read and understood these caveats must be responsible for their own involvement and actions and declare so below.

**DECLARATION**

**I have read and understand the likely demands of this hill walk/tour and have considered my own health and physical condition. I/my doctor know of no reason to be concerned about my participation in this event. I have been given a safety briefing of the risks involved. I have been advised on minimum kit required for the walk and understand that the Walks leader can refuse to allow me to participate on the day if he feels for any reason**

**that it is not safe.**

**Signed: Date:**

If you have any questions please email:

info@mountainwaysireland.com

 OR

Call/Text : +353 (0) 87 224 3176