



MEDICAL FORM

SUMMIT TO SAVOUR AIMS TO PROVIDE HIGH QUALITY OUTDOOR ADVENTURE EXPERIENCES FOR CLIENTS OF ALL AGES AND ABILITIES, OFFERING CATERING SERVICES AND FULLY GUIDED ADVENTUROUS ACTIVITIES OFTEN IN ISOLATED WILDERNESS ENVIRONMENTS.

ALL OF OUR GUIDES AND INSTRUCTORS ARE FULLY TRAINED AND ASSESSED BY RECOGNISED NATIONAL GOVERNING BODIES TO ENSURE THAT THEY HAVE BOTH THE SKILLS AND EXPERIENCE NECESSARY TO PROVIDE SAFE AND ENJOYABLE OUTDOOR EXPERIENCES FOR OUR CLIENTS. HOWEVER, IT IS IMPORTANT THAT BEFORE UNDERTAKING ANY ACTIVITIES PROVIDED BY SUMMIT TO SAVOUR, CLIENTS UNDERSTAND THAT ALL ADVENTUROUS ACTIVITIES DO CARRY A CERTAIN LEVEL OF RISK AND WILL REQUIRE AT LEAST SOME STRENUOUS PHYSICAL EXERTION FROM PARTICIPANTS.

IT IS THEREFORE IMPERATIVE THAT PRIOR TO ENGAGING IN ANY ACTIVITIES ORGANISED AND/OR PROVIDED BY SUMMIT TO SAVOUR, CLIENTS ENSURE THAT THEY ARE FIT ENOUGH AND HEALTHY ENOUGH TO PARTICIPATE.

ALL PARTICIPANTS ARE REMINDED TO BRING WITH THEM ANY PERSONAL MEDICATION THAT THEY MAY REQUIRE FOR THE TREATMENT OF ANY PRE-EXISTING MEDICAL CONDITIONS SUCH AS ASTHMA, DIABETES ETC.

WHILST WE DO NOT WISH TO DETER ANYONE FROM PARTICIPATING IN ANY OF OUR ORGANISED ACTIVITIES, WE DO REQUIRE ALL PARTICIPANTS TO SIGN THIS FORM, INDEMNIFYING US AGAINST CLAIMS AND ASSURING US THAT YOU ARE IN GOOD HEALTH TO PARTICIPATE.

IN SIGNING THIS DOCUMENT I WARRANT THAT I DO NOT HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS OR ANY OTHER OUTSTANDING MEDICAL CONCERNS THAT WOULD AFFECT MY ABILITY TO PARTICIPATE FULLY AND SAFELY IN ANY ACTIVITIES PROVIDED BY SUMMIT TO SAVOUR.

HEART CONDITION, EPILEPSY, VERTIGO, HIGH BLOOD PRESSURE, PREGNANCY, ANY RECENT OR UNRESOLVED INJURIES TO LEGS, HIPS, KNEES, ANKLES OR FEET.

IN CONSIDERATION OF SUMMIT TO SAVOUR ALLOWING ME TO TAKE PART IN THIS EVENT, I HEREBY ACKNOWLEDGE AND UNDERSTAND THAT SUMMIT TO SAVOUR AND ITS ASSOCIATES WILL TAKE NO RESPONSIBILITY OR LIABILITY WHATSOEVER FOR ANY DEATH, PERSONAL INJURIES, ACCIDENTS, LOSS OR DAMAGE TO PROPERTY OR BELONGINGS THAT OCCUR TO ME BEFORE, DURING OR AFTER ANY OF ITS ORGANISED ACTIVITIES (SAVE FOR DEATH OR PERSONAL INJURY CAUSED BY A RESULT OF NEGLIGENCE BY SUMMIT TO SAVOUR OR ITS ASSOCIATES).

FULL NAME _____

EMAIL _____ EMERGENCY CONTACT _____

SIGNATURE _____ DATE _____

Please tick this box to confirm that you give your consent for any photos, videos or other media containing your image to be used by Summit to Savour for marketing purposes

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