



Medical Statement

The following sections must be completed for each participant and posted to **Mountain Bike Skills, "High Dubbs", Newbiggin-On-Lune, Kirkby Stephen, Cumbria CA17 4NB** prior to attending a course.

If the participant is under the age of 18 a parent or guardian must counter sign this document.

Name of participant

Contact number on the day

Date of birth

Course/s to be attended

Date of course/s

Next of kin

Next of kin contact no.

Please delete as appropriate

I do have a / I do not have a medical or mental condition which the organiser, instructor or venue personnel should be made aware of.

Please give details below

I am aware of the fitness requirements of the course I am to attend, and confirm my fitness levels and mental state are appropriate for the course I have selected.

I confirm the above information is correct and accept full liability for any injury or ill health suffered as a consequence of any medical information which is withheld.

Signed..... Date.....

Parent or gaurdian..... Date.....

Should you be unsure as to your own suitability to participate on a course, please contact your family doctor.