



**DECLARATION**

- I AGREE TO MYSELF TAKING PART IN THE COURSE RUN BY CAPRO ABOUT WHICH I HAVE BEEN GIVEN FULL DETAILS.
  - I AGREE TO PARTICIPATION IN ALL THE ACTIVITIES DESCRIBED, UNLESS INDICATED OTHERWISE.
  - I HAVE READ AND ACKNOWLEDGED THE NEED FOR MYSELF TO ABIDE BY THE CAPRO CODE OF CONDUCT.
  - I DECLARE THAT THERE IS NO REASON MEDICAL OR OTHERWISE WHY I SHOULD NOT TAKE PART IN THIS COURSE.
  - I UNDERTAKE TO FULLY DECLARE THE DETAILS OF ANY MEDICAL TREATMENT I HAVE RECEIVED AT THE PRESENT TIME, AND ANY OTHER MATTERS OF WHICH THE STAFF SHOULD BE AWARE OF.
  - I AGREE TO MYSELF RECEIVING EMERGENCY MEDICAL TREATMENT, INCLUDING ANAESTHETIC AS CONSIDERED NECESSARY BY THE MEDICAL AUTHORITIES PRESENT.
  - INCLUDING A BLOOD TRANSFUSION WHERE NECESSARY.
  - I AGREE THAT ALL CAPRO ACTIVITIES CAN BE DEMANDING AND PHYSICAL, WHICH HAVE INHERENT HAZARDS ASSOCIATED WITH THEM. WHILST CRAIGMILLAR ADVENTURE PROJECT TAKES ALL NECESSARY PRECAUTIONS TO ENSURE THE SAFETY OF ALL PARTICIPANTS, UNFORTUNATELY ACCIDENTS CAN HAPPEN, AND TO MINIMISE ANY RISKS I SHOULD COMPLY WITH CRAIGMILLAR ADVENTURE PROJECT'S RISK MANAGEMENT GUIDELINES EXPLAINED BY THE INSTRUCTOR FOR EACH ACTIVITY.
  - I AGREE THAT THE CRAIGMILLAR ADVENTURE PROJECT ACCEPTS NO LIABILITY WHATSOEVER FOR ANY LOSS OR INJURY RESULTING FROM MY INVOLVEMENT IN ANY ACTIVITY. FURTHERMORE, IT IS UNDERSTOOD AND AGREED THAT I PARTICIPATE AT MY OWN RISK.
- **I AGREE TO ABIDE BY THE CAPRO CODE OF CONDUCT**

SIGNED BY PARTICIPANT .....DATE .....

**IF YOU ARE IN ANY DOUBT AT ALL AS TO YOUR SUITABILITY ON HEALTH GROUNDS FOR ANY OF THESE COURSES, THEN YOU SHOULD HAVE THE FOLLOWING COMPLETED BY YOUR FAMILY DOCTOR.**

**MEDICAL CERTIFICATE TO BE COMPLETED BY THE DOCTOR (If appropriate)**

FROM MY KNOWLEDGE OF THIS PARTICIPANT I CONSIDER THAT HE/SHE IS SUITABLE/UNSUITABLE AT THIS POINT IN TIME, FOR PARTICIPATION IN THE COURSE AT CAPRO, THE DETAILS OF WHICH HAVE BEEN EXPLAINED TO ME.

IT WOULD BE HELPFUL TO THE COURSE ORGANISERS TO HAVE MEDICAL ADVICE ON THE MANAGEMENT OF PARTICIPANTS SUFFERING FROM SUCH CONDITIONS AS ASTHMA, DIABETES, EPILEPSY OR OTHER CHRONIC HANDICAPPING CONDITIONS, WHERE THE DOCTOR CONSIDERS THAT WITH MINOR MODIFICATIONS TO THE COURSE, THE PARTICIPANTS COULD ENGAGE IN MOST OF THE PLANNED ACTIVITIES. INFORMATION ON PARTICIPANTS REQUIRING ONGOING MEDICATION WOULD ALSO BE HELPFUL FOR RESIDENTIAL COURSES.

COMMENTS

SIGNATURE OF DOCTOR ..... DATE .....