

Canterbury Mountaineering Club trip participant information sheet

Participant information

| | |
|-----------------------|---------------|
| Name: | Phone: |
| Date of Birth: | E mail |

Emergency Contact Information

Who do you want us to contact?

| | |
|---------------|--------|
| Name: | Phone |
| Relationship: | E mail |

Medical information

Are there any medical conditions or injuries that you are aware of that might affect your ability to fully participate in the trip or club activity. Please provide details (*This information is for your safety, and because medical conditions or injuries might affect the safety of the rest of the party or them obtaining their objectives*)

Are you taking or require medication(s) that the trip that could affect your full participation in the trip or which the other trip participants need to be aware of?

Declaration & Consent

I know that the climbing and the outdoors environment can involve risk and natural hazards above what can be normally expected elsewhere. While recognising that the CMC, event organisers, and other trip participants are all doing their best to manage risk (risk management is part and parcel of climbing), risk from natural hazards in the New Zealand mountains cannot be removed. I accept personal responsibility for my own actions and safety.

Signature

Date