**Broadgate Tower Abseil - Medical Form**

Mile End Climbing Wall will provide proper supervision of participants during the abseil. However, abseiling activities are associated with a danger of serious personal injury or death. Participants in these activities should be aware of and accept these risks, and be responsible for their own action and involvement.

**Full Name:**

**Date of Birth:**

Common medical conditions rarely bar you from participating in abseils. We would recommend that if you are uncertain that you seek professional medical advice.

To help us should a condition manifest itself during your abseil we ask you to provide us with the following information. Please confirm if you have or have had in the past any of the following.

Please delete as appropriate:

**Epilepsy:** Yes / No **Fainting:** Yes / No

**Diabetes:** Yes / No **Asthma:** Yes / No

Please also answer the following questions:

**Have you attended hospital in the last 12 months for illness/injury?** Yes / No

If so, please give details below:

**Do you suffer from any allergies that may affect your health during the abseil course?**

Please give details below:

**Please give details of any other medical condition of which we need to be aware of:**

**Please provide details of any medication you are taking:**

**Are you allergic to any forms of medication?**

**EMERGENCY CONTACT DETAILS**

**Full Name:**

**Address:**

**Telephone:**

**Signed:**

**Date:**