IN STEP ADVENTURES
GUIDED TREKS & EXCURSIONS

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MEDICAL FORM

Are you on any **medications**? ☐ Yes ☐ No

If **yes**, will you be taking any of these medications while you are with us? ☐ Yes ☐ No

Are there **symptoms or side effects** that we should be aware of? ☐ Yes ☐ No

If **yes**, please explain:

Do you have any **allergies**? Either to food or other? ☐ Yes ☐ No

If **yes**, If yes, do you carry an Epi-Pen or equivalent, or other allergy medications? Please detail below:

Do you confirm that you have read and **understand the physical challenges required** in participating in the activity in which you are registered, and according to your best knowledge, you are **physically able to participate** in every aspect? ☐ Yes ☐ No

Health Care Number:

Full Name (PRINT)

Your Signature:

Date:

DD/MM/YY

PERMISSIONS

I agree to allow IN STEP ADVENTURES to collect photographs and video footage of myself and to use those items in marketing material including newsletters, websites and signage and for other purposes without payment or any other consideration.

Initial here: