



SURREY SCOUT & GUIDE MOUNTAINEERING CLUB

ADULT GROUPS IN ADVENTUROUS ACTIVITIES

Information and acknowledgement of risk sheet

Event & Venue				Date	
Co-ordinator		Email		Mobile	

Your Name					
Emergency contact	Name		Phone no		
Significant medical conditions & allergies*					

*please list any conditions which could occur whilst on the event, together with details of any medications to be taken.

This information will be seen by the event co-ordinator, respective walk leader\ designated first aider and will be returned to you at the end of the event.

Acknowledgement of risk statement

I am aware that hillwalking contains hazards which may present me with the risk of personal injury. I have read and understood The Scout Association's factsheet Adult Groups in Adventurous Activities.

Signed Do not sign until the day of the walk

Date