



# ADULT PARTICIPANT DETAILS

This form is to be completed by any adult taking part in activities provided by Totem Personal Development Ltd prior to activities being delivered.

**Booking Name (Group or Organisation name)**

**Participant Name**

**Home Address**

**Telephone Number / Email Address**

**Next of Kin Name and Telephone Number**

**Medical Conditions**

Please detail here any medication, medical conditions, allergies or disabilities that may affect your ability to participate in activities. Also, if appropriate, please detail any dietary requirements you have.

**Participation Statement**

Participation in adventurous activities entails a risk of injury. Totem Personal Development Ltd staff are trained and appropriately qualified to run these activities and will at all times proceed in such a way as to limit the risk of injury. However participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

If you WOULD LIKE to receive further information from Totem please tick this box

Signed \_\_\_\_\_

Date \_\_\_\_\_