2010

MEDICAL & RISK DECLARATION FORM

COMPANY

NAME

ADDRESS

DATE OF BIRTH

NEXT OF KIN NAME

TEL (DAY)

(EVE)

DOCTOR NAME

TEL

Have you suffered from any injury or complaint of the following in the past 5 years:

LEGS	No	DIABETES	No
ARMS	No	EPILEPSY	No
BACK	No	DIZZINESS	No
EARS / EYES	No	ASTHMA	No
LUNGS	No	BEE STINGS	No
HEART	No	OTHER ALLERGIES	No

If yes, please describe

Any other complaint or medical problem

I confirm that I have read and understood the information in this document and have completed the medical declaration to the best of my knowledge. I also realise that the activities offered have some risk involved which may be of a type not encountered during normal life and that this risk whilst small cannot be eliminated without making the activity pointless. QT Training have done their utmost to minimise these risks. Participants should not do anything that may jeopardise their own or others safety and must comply with the instructions given by QT Training staff. (Signing to this statement does not affect your legal rights or our obligations towards you.) Your signature gives the instructor concerned the right to take emergency action and make related decisions in the case of such action being considered necessary.

I agree to participating in the activities provided by QT Training:

Signed: _____ Dated: _____

THE INFORMATION DISCLOSED ABOVE IS TREATED AS STRICTLY CONFIDENTIAL