# Blind Foundation Recreation: Health & Risk Information Form

**Timeless Horse Trek Manawatu 28 March 2018**

Staff leading: Jo Hagele and Richard West

Participants name:

Emergency contact person name:

Emergency contact phone number:

Do you have any health conditions, injuries or are you taking any medication that may affect you during this activity?

If yes, please describe and list side effects and remedy.

I declare that I have/ will inform the Blind Foundation Staff of any relevant health information prior to the event commencing. I am aware of the risks of participating in outdoor activities and will follow the instructions of the staff involved. I give permission for the instructor to be informed of the information given on this form. I consent to be involved in any publicity, including photographs.

**Participant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by parent or caregiver if applicant under 18 years: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_**