

Appendix 1

MEDICAL INFORMATION AND IMPAIRMENTS

Completion of this form is voluntary but if filled in PRINT AND BRING TO THE EVENT

If you declared that you have a medical condition or physical or mental impairment on Page 1 that the organiser needs to be aware of because it may affect your ability to take part in the Event please provide details below.

SPECIAL CATEGORY DATA

I confirm that I have given the Organiser the medical information listed on this page (if any) for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organisers legal obligations.

I agree/ I do not agree (Please circle)

Signed

EMERGENCY CONTACT DETAILS

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