

Snowdonia Walker
Medical Waiver & Acknowledgement of Risk - U18's

All of our events will require some degree of strenuous exercise from all of its participants. Our overriding priority is for the safety of everyone on our walks. Please remember to bring with you on the walk any personal medication such as that required for the treatment of any allergies, asthma, diabetes or any injuries, however, kindly note that 'Snowdonia Walker' cannot administer medication to customers. We do require each person intending to participate in one of our events to sign the following form indemnifying us against claims and assuring us that you are in good health to participate.

I declare that I do not have any of the following conditions that would affect my ability to participate fully and safely in The Snowdonia Walkers' event:

- Heart conditions
- Epilepsy
- High blood pressure
- Previous injuries to knees and hips etc.
- Pregnancy
- Vertigo
- Nor any other conditions that I have been advised may affect my ability to take part in strenuous activity.

In consideration of The Snowdonia Walker allowing me to take part in the event, I hereby agree, acknowledge and understand that The Snowdonia Walker takes no responsibility and has no responsibility or liability whatsoever for any death, personal injuries, accidents or loss or damage to property or belongings that occur to me before, during or after one of its events (save for death or personal injury caused as a result of The Snowdonia Walker's negligence). I further agree that The Snowdonia Walker is not liable for any consequential or indirect loss resulting from the cancellation at any time of the event or from any alteration to the event from that specified on the booking form.

I have read and agree to the Terms & Conditions as provided by Snowdonia Walker.

I have read and agree to the Terms & Conditions as provided by The Snowdonia Walker and I am the legal guardian responsible in relation to:

Child's Full Name: _____

D.O.B _____

Allergies: _____

Parent / Guardian's Name: _____

Signed: _____

Date: _____

Please hand this form to your leader on the day of the walk.

GDPR (General Data Protection Regulations) By Completing this form you agree to the Snowdonia Walker retaining this relevant information. This information will not be shared with any associated third parties or assistants.

Note: Without a completed form you will not be allowed to take part in the walk.