



## REAL WORLD *Riding* - MEDICAL INFORMATION

Please note that we require full disclosure of medical information as detailed in the terms and conditions - this is for your safety.

Your Full Name

Your Full address and postcode

Mobile No.

email address

Next of Kin Name and relationship

Contact details for N.O.K including phone numbers

If staying away from home, contact details for your accommodation

Your Date of Birth

Male / Female / Other

Please give details of any of the following if you answer yes to the questions below and overleaf, including dates and or medication if necessary.

**Please note that these questions are to make sure we won't injure you or put you at unnecessary risk. If you answer Yes to any of these questions it doesn't mean we won't take you, just that we can bear this in mind.**

Do you have any respiratory condition such as Asthma? **Y/N**

Do you have any circulatory condition? **Y/N**

Do you suffer from any skeletal ailment, injury or weakness? **Y/N**

Do you suffer from any muscular, tendon or ligament ailment injury or weakness? **Y/N**

Have you received medical treatment for activity restricting ailment or injury? **Y/N**

If yes, please bring a NEW inhaler with you

Do you have any allergies? **Y/N**

If Female - Are you pregnant? **Y/N**

Do you suffer from any psychological conditions? **Y/N**

Are you taking any medication not already listed? **Y/N**

Do you suffer from fainting attacks, epilepsy, or a head injury? **Y/N**

Are you receiving medical treatment not already listed? **Y/N**

Are you suffering from any other condition not captured here? **Y/N**

If you have an epi pen, please ensure you bring it with you  
  
Please detail what medication and for what conditions  
  
Some detail please  
  
Some Detail please

Any other relevant information?

**Medical Declaration**

I ..... have given a full account of my medical condition in this form, and understand that I must declare any further treatment, diagnosis, or medical changes that occur before the start of my experience. I understand that failure to declare medical information may put my welfare at risk should it prove that this would have informed the decision making of my guide/trainer. I also understand that failure to declare relevant medical information may hinder any medical treatment I may require should I suffer an injury on my experience.  
  
Signed \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK**  
  
Please read the Safety and acknowledgement of risk document.  
  
I Have read, understood, and accept the statement of risk  
  
Signed.....

**MARKETING (please tick to agree)**  
  
I would like to be kept in touch with by Real World Riding only   
  
I am happy for photos of me to be used for marketing RWR only   
  
I am happy for video of me to be used for marketing by RWR only

**PLEASE NOTE** information held on this form will be treated in strictest confidence and will be disclosed only to medical practitioners should you require urgent medical treatment.

## **SAFETY AND ACKNOWLEDGEMENT OF RISK**

Please read this statement and sign page 2 of the medical form to acknowledge your understanding and acceptance of this statement

While every practicable measure will be taken to provide a safe activity and environment, clients must acknowledge that Mountain Biking is an activity with inherent risk of injury.

Real World Riding operates using a threefold dynamic risk assessment structure balancing hazard, risk of hazard, and risk/benefit analysis.

Participants will be required to be part of the risk management of their own activity, in that they are participants in a dynamic activity. Individuals within groups will be expected to inform other clients and their guide or coach of any unseen hazards discovered during a ride or session, and to inform their guide or coach if they feel unsure of an obstacle or section of trail before undertaking it.

State of mind and therefore confidence can change considerably within a short space of time, and it is imperative that clients inform their coach or guide of anything which will affect their ability to ride at levels previously seen by the guide or coach.

The guide or coach will assess what they see in terms of performance, and their assessment of the suitability of a section of trail to be ridden will be based on this. Once begun, however, the client is responsible for their own riding – steering and control, and for their reaction to any unforeseen trail obstacles.

Clients will be given advice by their coach or guide but it is their responsibility to follow that guidance.

Real World Riding's ethos is to encourage, inform, and empower riders of all levels, and as such it is inherent in any activity for the guide or coach will provide opportunities for clients to develop their independence. From time to time this will entail clients leading sections of trail. It is important that clients ask questions of their coach or guide if directions for self-led sections are not fully understood.

Finally. Please remember above all of this – the ethos of RWR is to encourage riders to get out and do it for themselves – towards a situation of complete responsibility, so please be ready to start this journey while you are with us, and to develop as a whole rider, and remember the immortal words of Bill Nealy:

“Gravity, it's not just fun to play with, it's the law”

# DATA PROTECTION STATEMENT

The information you have supplied to Real World Riding on the medical form will be used in a number of controlled ways.

Firstly, the form itself will be carried by your guide/coach for the duration of your activity, and will then be securely filed.

This information is required for the following purposes:

- 1: In order to contact you in the run-up to your activity to ensure good communication and your preparedness for the activity
- 2: In order that your coach/guide can prepare for any needs you may have that are linked to a medical condition.
- 3: In order that your coach/guide can ensure your health and welfare during the activity.
- 4: In order that should urgent medical treatment be required, all the necessary information contained can be passed swiftly to the emergency services for your treatment.

The information in the form will not be disclosed to any 3<sup>rd</sup> party and will only be passed to medical and emergency staff in the instance of urgent medical treatment.

For insurance purposes the form will be securely retained for 3 years after your activity

We retain details of email conversations for up to 3 years in order that we can build on previous conversations rather than starting again each time.

**IN ADDITION** - the three Marketing tick boxes:

1: You have been asked for permission for us to keep in touch with you. We will not pass on any contact information to any other organisation, ever. Furthermore, no-one likes loads of junk mail, so we'll only send you stuff if we've got something really good to share.

2 & 3: We use photos and some video to share what we do with other riders. If we can make you look good, then we look good too. We'd love to use pictures and footage if you're happy with that, but we won't:

A - tag you in it - but you are welcome to tag yourself

B - put photos or film of crashes on social media - you can do that yourself if you want

We may use pictures in printed promotion.

We will use photos and video on Facebook, Instagram, Twitter and YouTube, and will re-use the really good ones in accordance with the above conditions.

You are welcome to ask us to stop future use of images or video, request details of information held, and ask us to delete data at any time.