

FITNESS TO PARTICIPATE/MEDICAL CONDITION DECLARATION FORM

Please complete the form below prior to starting the course. If you are affected by any of the conditions outlined below, please inform your trainer.

Participant's Name:			
Course Name:		Course Date:	

The following conditions could pose a risk when you participate in GWO training. Please alert your trainer if you suffer from any of the following:

- Asthma or other respiratory disorders
- Epilepsy, blackouts or other seizures
- Angina or other heart complaints
- Vertigo or inner ear problems (difficulty with balance)
- Claustrophobia/acrophobia (fear of enclosed spaces/heights)
- Blood pressure disorder
- Diabetes
- Pacemaker or implanted defibrillator
- Arthritis, osteoarthritis or other muscular/skeletal disorders affecting mobility
- Known allergies (e.g. bee/wasp stings or spider bites)
- Recent surgery
- Suffering from fatigue
- Under effects of alcohol and/or drugs (either illegal or prescribed medications; or
- Any other medical condition or medication dependency that could affect climbing or the physical impact of climbing
- Any other issues/special needs that may impair your participation on a course (please describe)

Participant Declaration:

By signing below, I hereby confirm that I have read and understood the listed risks and potentially life-threatening medical conditions, and confirm that I am physically and medically fit to participate in GWO training.

By signing below, I hereby confirm that there is no factor that will inhibit or affect my participation in GWO training. I agree to follow all instructions from the appointed instructor for the duration of the GWO training. Should there be any doubt regarding my medical fitness, the training provider will stop the training and seek a physician's advice.

Participant's Signature:		Date:	
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Trainers Comments:

Trainer's Signature:		Date:	
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