



## The Lake District Walker Medical Waiver

**Note: All participants must sign and return this form to The Lake District Walker prior to the event.**

The Lake District Walker aims to provide fully organised walking events to help promote health, fitness and a greater understanding of the British countryside in an organised and sociable environment. All of our events will require some degree of strenuous exercise from all of its participants. Our overriding priority is for our events to take place as safely as possible. Please therefore 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 'The Lake District Walker' cannot administer medication to customers. Whilst we do not want to deter anyone who is able to from taking part in our events, 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 warrant that I do not have any of the following conditions that would affect my ability to participate fully and safely in *The Lake District Walker's* 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 Lake District Walker allowing me to take part in the event, I hereby agree, acknowledge and understand that The Lake District 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 Lake District Walker's negligence). I further agree that The Lake District 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 in the Itinerary Leaflet.

**I have read and agree to the Terms & Conditions as provided by The Lake District Walker.**

Your Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Date of your event: \_\_\_\_\_

**Please hand this form to your instructor on the day of the walk or post it to the address below prior to the event.**

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