

# Medical disclosure form

This form should be used to disclose any medical conditions or additional needs prior to participating in any activity at Willen Lake.



<b>Participant full name</b>	
<b>Booker full name</b> (if different to participant)	
<b>Activity</b>	
<b>Date of activity</b>	
<b>Medical conditions</b>	
<b>Additional needs</b>	
<b>Signature</b>	

If you have any questions about this form or any of the activities at Willen Lake, please speak to a member of staff.