



The Rif Community Foundation

DECLARATION

I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history.

- I understand that the event will involve strenuous activity and that I need to achieve an adequate level of fitness in order to participate in the event that I have decided to participate in. Before the event, if I have any concerns whatsoever about my physical fitness or health, or any of the medical conditions listed that may affect my safe participation, I will consult the opinion of my Doctor.
- I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct.
- I understand that if any of the information provided by me on this form is found to be false, I risk losing my place in this event.

Signed:

Name (CAPS) :.....

Date:

If you are over 65 or have answered YES to any of the questions on this form, this section must be completed by your doctor who has access to your medical history.

The above named person will be participating in a strenuous challenge. The participant may be camping with basic facilities such as long drop toilets, primitive washing facilities and living under canvas. The food may be cooked over open fires or gas burners. English-speaking first-aid qualified guides may be present but please note that the event may be held a considerable distance from any hospital support and with only limited, basic transportation available such as mules or 4x4 vehicle. Repatriation to the participant’s home country could take days rather than hours and be in non-medical transport.

With the above information, if there is any matter that you feel RifCom should be aware of, please supply details on a separate sheet.

I have read the above paragraphs and agree that the participant’s medical details are correct. In my opinion this patient is fit and healthy both mentally and physically, and able to participate in this event.

Doctor’s signature

Date

Doctor’s name (CAPS)

Address

GMC Number