



# Indemnity Form

**\*Please carefully read the information below. Form must be completed and handed in at the event**

- Are there any health reasons why you, the participant should not take part in any fitness related activity?**
- I give permission for an ambulance to be called in the event of an emergency.**

**I give my consent for photographs and/ or stories of me/the participant to be included in Dirt Wars Survivor media stories.**

**Full Name:** .....

**D.O.B:** ..... **Telephone No:** .....

**Email Address:** .....

**Emergency Contact Name:** .....

**Emergency Contact No:** .....

**Any major illnesses or disabilities?** .....

**Do you suffer from any of the following?**

**Heart disease Y/N**

**Asthma Y/N**

**Heart Condition Y/N**

**Diabetes Y/N**

**Back pain Y/N**

**Epilepsy Y/N**

**Spinal Injuries Y/N**

**Hernia Y/N**

**Arthritis Y/N**

**Heart Palpitations Y/N**

**Joint pains Y/N**

**Hi/low Blood Pressure Y/N**

**Tightness in Chest Y/N**

**Rheumatic Fever Y/N**

**Liver/Kidney Condition Y/N**

**Regular Headaches Y/N**

**Infections Y/N**

**Muscular pain/cramps Y/N**

**Chronic Cough Y/N**

**High Cholesterol Y/N**

Are you pregnant? Y/N

Allergies to Grass? Y/N

Are there any conditions that may limit your physical activity? Write in additional notes below.

Do you have a family history of Heart Disease? Y/N

Are you currently on any medication/antibiotics/Anti-Depressants? Y/N

Participant's declaration

In consideration of me being accepted as an entry of Dirt Wars Survivor, I

Hereby agree and declare that should I/the participant be permitted to take part in any activity related events organized or conducted by Dirt Wars Survivor. I/the participant declare that I consider myself to be in good health and fit to participate and I am doing so entirely and absolutely at my own risk, and I agree that I/the participant will not make any claim against Dirt Wars Survivor, or any individuals for or in respect of any loss or injury to property or person (including injury resulting in death) which I/the participant may suffer during the course of or in consequence of any activity related event.

Please sign, date and add any information necessary on the Waiver/Release & Medical Health Pre-exercise Questionnaire.

I have read, understand & accept Dirt Wars Survivor full Terms and Conditions stated on the 2 pages. If you require any further information please email:

Print Participants Name: Date: .....

Participants Signature: Date: .....

Parent or Guardian if under 16 signature .....

Additional Notes:

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Dirt Wars Survivor

[www.dirtwarssurvivor.com](http://www.dirtwarssurvivor.com)