**MEDICAL INFORMATION AND IMPAIRMENTS**

**Event being attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have a medical condition or physical or mental impairment that the event organiser needs to be aware of because it may affect your ability to take part in the event, please provide details below.**

**Please send this from where applicable to the Event Organiser as shown on the website page for the event.**

**This information will be securely disposed of once the event is over.**