

Please ensure each participant reads, understands and completes the declaration and bring the form with you on the day.

If you fail to bring this with you, you will not be allowed to participate.

### Acknowledgement of Risk

Butterwick Hospice Care has taken every precaution to ensure the safety of Zombie Run participants. However, please be aware that there are certain inherent risks when under taking such an activity, risks which cannot be eliminated without destroying the unique character of this activity.

Amongst other things, some of these risks can contribute to the loss or damage of your personal clothing or equipment, feelings of discomfort, or even accidental injury, illness or trauma.

The level of real risk associated with the activity of obstacle racing is very low. However, the type of risks may be something that is unfamiliar to you.

Things you may encounter include, but are not limited to:

- **Rough or rugged terrain:** The terrain may put a greater strain on joints and muscles that you do not typically use. Additionally, all our courses involve physical effort that, at times, may be more than your body is used to. And these activities will involve some stamina and strength.
- **Water obstacles:** All the water involved will be no deeper than the typical waist height. However, the risk of slipping will be far greater during these areas.
- **Slips and trips:** Please be aware that the risk of falling or slipping is higher than you are used to. Given the nature of the race's environment, there may be a higher risk of serious injury.
- **Clothing:** However, you should check the weather forecast prior to the event - typical trail/fell running footwear is advised, as the course may get slippery in areas. We recommend that all of your garments are ones that you do not mind getting muddy, damaged or stained.

Butterwick Hospice Care has clear obligations and responsibilities, which we take very seriously. However, participants are expected to follow the initial safety briefing and instructions provided by staff, in order to minimise the risk of serious injury.

### I recognise and confirm:

1. That this course, or event, may require an approach and attitude that I have typically needed before.
2. That the nature of the risks may be different to those with which I am familiar.
3. That certain inherent risks remain. By signing this, I do NOT release Butterwick Hospice Care from any of its obligations towards me, nor does it affect my legal rights. I have, however, read and understood the content of this document and I agree to participate at my own risk.
4. That Butterwick Hospice Care may use photographs and other media taken during the course of the event, for promotional purposes and that third parties will also be filming and taking photographs.

When a parent does not agree to their child being photographed, the staff must be informed and staff will make every effort to comply with sensitivity.

## Confidential Health Questionnaire

We are requesting this information to ensure we are able to provide the correct first aid and emergency medical care, should it be necessary. This information is confidential until such an incident occurs. If there are any changes the conditions of your health, please let a member of our team know.

All answers to these questions must be given overleaf, with further information should it be necessary. If you are in any doubt, please contact Butterwick Hospice Care ASAP.

- Are you receiving medical treatment at present? Y/N. If yes, please detail below.
- Have you had an operation or any past illnesses or medical conditions that could affect your participation in this event? Y/N. If yes, please detail below.
- Do you suffer from any of the following: Diabetes, asthma, epilepsy, hay fever, or any other conditions that you feel we should be aware of? Y/N. If yes, please detail below.
- Do you have any allergies to drugs, food, insects or other substances? Y/N. If yes, please provide details below as to your particular allergy and your typical reaction below.
- Do you have any disabilities in your back, hips, shoulders, knees or ankles? Y/N.
- Is there any medication that you may be carrying or using during the event, for example, an inhaler? Y/N. If yes, please tell a member of staff before the event begins.
- Is there anything else about your physical or emotional health that you would like to declare? Please detail below.

## Further details regarding your 'Confidential Health Questionnaire'

Please provide any and all details in regards to your answers for the Confidential Health Questionnaire, as filled in, above.

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**Declaration**

I understand that I may be involved in an activity that requires physical effort and I do not have any illness that would prevent me from participating in the race. Before the event, if I have any concerns about my physical or emotional health, I will consult the opinion of my GP immediately. I hereby declare that the above information is true and correct to the best of my knowledge.

If my medical condition changes in anyway before the event, I will notify Butterwick Hospice Care before I arrive on site.

I have read and understood the Acknowledgement of Risk associated with this event.

Name: .....

Address: .....

.....Post Code: .....

Telephone: .....

Email: .....

Signature: ..... Date: .....