**PERSONAL INFORMATION: 2024**

For insurance purposes it is obligatory that you complete this form. We have put in place all possible precautions to make sure that you can enjoy this event safely. Should you require any medical assistance, it is helpful for us to have a few details which may assist first aiders when dealing with the situation. Thank you for your understanding.

Participant Name:

Medical Info: Do you have any medical conditions that we should be aware of? (eg, heart condition, asthma, diabetes, drug allergies, etc…)

Drugs Info: Are you currently taking prescription medication? (eg, heart condition, asthma, diabetes, drug allergies, etc

Surgeries: Have you had any surgeries within the past 12 months?

**Terms and Conditions**

* Participants will agree to provide emergency contact information when registering for an event
* We reserve the right to pass all information provided by a Participant to any first aid organisation or medical provider attending and assisting at an Event, for safety purposes. This is to enable the Medical Provider to:
* administer first aid in the event that a Participant suffers illness or injury during the Event; and
* to contact the friends or relatives of a Participant, where necessary
* Participants agree that any Medical Provider may provide the Legion with:
* the names of any Participant that they treat during the Event together with details of the circumstances surrounding that treatment; and
* the name of any Participant who notifies the Medical Provider that they are withdrawing from an Event due to ill health or otherwise