

# TowerAthlon Static Cycle Medical Declaration

**High intensity exercises such as cycling is an activity with a danger of serious personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own action and involvement.**

**LandAid will provide proper supervision of participants during the static bike ride.**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Common medical conditions rarely bar you from participating in static cycles. We would recommend that if you are uncertain that you seek professional medical advice.

To help us, should a condition manifest itself during your cycle, we ask you to provide us with the following information. Please circle the answer appropriate to you:

Epilepsy: **Yes/No**

Diabetes: **Yes/No**

Back problems: **Yes/No**

Fainting: **Yes/No**

Asthma: **Yes/No**

Have you attended hospital in the last 12 months for illness/injury?

**Yes/No**

If so please give details below:

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Do you suffer from any other allergies that may affect your health during the course?

Please give details below:

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Please give details of any other medical condition of which we need to be aware of:

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Please provide details of any medication you are taking:

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Are you allergic to any forms of medication?

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\*We would recommend that if you are uncertain about any of the above that you seek professional medical advice

**NEXT OF KIN EMERGENCY CONTACT DETAILS**

Full Name: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Work/home telephone: \_\_\_\_\_

I accept I participate in the London TowerAthlon at my own risk and that LandAid will not be liable for any loss, damage, action, claim, cost or expense which I suffer or incur as a result of participating in this cycle except where this is caused by LandAid's negligence.

If I have any health problems or am unsure about my physical ability to participate in this static cycle I will obtain advice from a doctor before participating.

I will abide by all rules and regulations that apply to this cycle, including but not limited to those which are displayed, or are given to me, at the event.

Please sign to accept these terms and conditions:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_