

PARTICIPANT APPLICATION & MEDICAL FORM

All of the items in the following Medical Form are designed to allow us to first make an appraisal of an applicant's suitability to the venture and then to assess any particular measures that we need to take to safeguard the individual and the group. No applicant will be refused entry to a venture based solely on the information below, any areas of concern will be discussed further with the applicant and then with healthcare professionals as required. The information below will also to be kept available on file to assist in the unlikely event of an emergency on the venture itself. All information is treated in confidence.

TRIP DETAILS

Trip Title		Group Name		Trip Location		Trip Start Date	
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PERSONAL & CONTACT DETAILS

Title		Gender	
First Name(s)		Date of Birth	
Surname		Nationality	
Postal Address			
Phone no.		Email	
Mobile no.		Social Media	

EMERGENCY CONTACT PERSON'S DETAILS

Full Name		Relationship to Participant	
Phone no.		Mobile no.	
Email address		Other contact info	
Postal Address			

PERSONAL TRAVEL INSURANCE DETAILS

Insurance Company		Policy Type or Name	
Emergency Phone No		Personal Policy Number	

PERSONAL MEDICAL DETAILS

Your Doctor's Name & Contact details (Optional but may help us in an emergency)	
Do you suffer from any condition or level of experience that you think may affect your capability to undertake any of the activities given in the description of the trip?	No / Yes, Details
Do you have any disabilities or specific behavioural or special needs?	No / Yes, Details of any special arrangements required
Please briefly describe any previous experience related to the activities on this trip.	Details
To what level can you swim?	Non-swimmer, Weak swimmer, Average swimmer, Strong swimmer

Continued overleaf

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Do you suffer from any of the following?			
Asthma/difficulty breathing	Y / N	Diabetes	Y / N
Epilepsy	Y / N	Back trouble / Joint Problems	Y / N
Hypertension / High Blood pressure	Y / N	Heart Condition	Y / N
Recurring earache/toothache	Y / N	Fainting Spells	Y / N
If you answered YES to any of the above please provide relevant details of Dates, Frequency, Severity, Aggravating Factors, Preventative Measures, Medications and any other details.			

Are you currently taking any prescription medication?	No / Yes, Details
Have you been advised by a medical practitioner to carry any form of emergency medication? eg Epi-Pen, Inhaler	No / Yes, Details
Do you suffer from any condition that affects your ability to carry weights or your overall mobility?	No / Yes, Details
Have you ever suffered from any psychological or psychiatric condition? eg psychosis, deliberate self harm, depression, anxiety etc	No / Yes, Details
Are you allergic to any medication? eg Aspirin, penicillin, zinc oxide plaster	No / Yes, Details
Are you allergic to any foods or anything else? eg nuts, dairy products, hay fever	No / Yes, Details
Are there any planned changes in your medical condition? eg operations, medications	No / Yes, Details
Upon arrival on the trip, will you have visited a malaria region within the 4 weeks beforehand?	No / Yes, Details
Do you have any pre-existing medical conditions? eg head injuries, arrhythmia	No / Yes, Details
Do you have any religious objections to specific forms of treatment? eg blood transfusion, immunisation	No / Yes, Details
Do you have any other information which you feel that we should know about?	No / Yes, Details

CONFIRMATION & SIGNATURE

By inserting your signature below, you declare; That the information you have given is to the best of your knowledge correct and complete. That you confirm that you understand that failure to fully disclose any of the requested information may jeopardise your ability to participate and possibly the viability of the venture it's self. That you have read and understood all information relating to the trip including details of; Nature of destination Country & Region, Trip activities, Transport, Food, Accommodation, Staffing & Supervision and any other relevant details. That you recognise that adventurous activities involve exposure to accepted elements of risk, challenge and adventure greater than those normally encountered in everyday life and that whilst such activities are subject to exacting safety management processes, it cannot be guaranteed that all possibility of resultant injury to participants, or others, is eliminated. That you understand that you must arrange for your own personal travel insurance relevant to the trip and that in applying for this insurance you understand that in addition to personal details, you must disclose to the insurer; Destinations(s), Duration, Activities, Altitude, Requirement for Search & Rescue (by helicopter if required), Requirement for Repatriation Cover, all relevant Medical Conditions. That you accept our standard Terms and Conditions, which can be found at www.adventurealternative.com or in hard copy upon request.

Full Name	Signature	Date
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If you are under 18 years of age at the time of application your Parent or Guardian MUST also sign below

Full Name of Parent / Guardian	Signature
Relationship to Participant	Date

