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# PERSONAL DETAILS (Confidential)

**Location of Trek \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trek Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adventure Out aims to provide the highest standards of safety and service in the delivery of its programs. To enable us to better provide for your own safety and enjoyment, we ask that you complete both sides of this form and return it to the office prior to the commencement of your trek.**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_Weight \_\_\_\_\_\_\_Kgs

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ PC \_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Person to be contacted in case of delay/emergency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Can you swim? **Yes / No**  If yes, describe swimming ability: **Weak - Moderate - Strong**

4a. Have you been in hospital or suffered any significant illness or incapacity during the last five years? **Yes / No**

If yes, please give details (date, condition, etc):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4b. Do you suffer any disability / illness / medical condition (e.g. asthma, diabetes, hearing impairment)? **Yes / No**

If yes, please give details (nature of condition, triggers, treatment protocol, etc):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please note: If you have asthma you will need to complete our Asthma Form, your doctor may need to complete an Asthma Management Plan! Contact Adventure Out to ask for a copy of the form.

4c. Do you currently take any prescribed medications? If yes, please give details (medication, dosage): **Yes / No**

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4d. Do you have any allergies or reactions (E.g. to bees, drugs, foods, animals)? **Yes / No**

If yes, please give details (allergen, severity of reaction, treatment).

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5. Do you have any personal, cultural, or religious beliefs that may affect emergency medical treatment? **Yes / No**

 **I**f yes, please give details.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We strongly advise all participants have current tetanus protection. Check with your doctor if you are unsure.***



##### ASSUMPTION OF RISK

I declare that the answers overleaf are correct and that I have not withheld any information or material that may determine my ability to participate in this adventure program.

I agree that I will not take any legal or illegal substance before or during the program that may affect my judgement or physical responses during the program.

# I am aware that during my participation in any program arranged by Adventure Out, its employees or agents, certain risks or dangers may occur which may include, amongst others:

\* Physical exertion to which I may not be accustomed

\* Extremes of weather and temperature, including sudden and unexpected change

\* The hazards of travelling in remote and rugged terrain

\* The possibility of accident or illness remote from normal medical services

\* Difficulties of evacuation, if I am injured or disabled

I acknowledge that the enjoyment and excitement of adventure programs are derived in part from risks incurred by participation in those activities, and that these risks may exceed those commonly accepted at work or home. I accept all the above mentioned risks of my program, and the possibility of personal injury, loss or property damage resulting therefrom, and will hold Adventure Out, its employees and agents free from any, and all liability, actions, debts, claims and demands of any nature whatsoever, subject to the rights and privileges which apply under the Fair Trading Act (1984), the Trade Practices Act (1974) & the Civil Liability Amendment Act 2003. In entering this agreement, I am not relying on any representations made by or on behalf of Adventure Out and do so only of my own free will.

FIRST AID CONSENT: In the event I suffer injury or illness, Adventure Out has my consent to administer first aid and

may arrange such medical treatment and emergency evacuation as it considers necessary for my safety.

I confirm that I have read and understood this agreement prior to signing it, and it shall be binding upon my heirs, executors, assigns and next of kin.

□ I confirm that I have read and understood the Terms and Conditions

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Parent or legal guardian must sign if person is under 18 years of age.***

**Terms and Conditions**

**Payment of Trek Fees**

The trek fees agreed between Adventure Out Australia and the client shall be payable as follows:

* A completed booking form, (for each person) and a 50% deposit is required within fourteen (14) days of your booking, to confirm your participation. Final payment is to be received one (1) months prior to departure date.

**Payment can be made via**

* + Credit Card – Visa, Mastercard (please call office)
	+ Direct Deposit – **BSB 036 037 AC 206795 Stargap Pty Ltd**
	+ Cheque – made out to Adventure Out.

**What is Covered**

The trek fees as agreed shall include the trek itinerary, one night’s accommodation pre-trek, airport transfers. This fee does not include expenses of a personal nature, including meals, drinks prior to the commencement of the trek.

**You are Required to Organise**

* Your own way to and return from the trek departure point
* Personal Travel Insurance

**Cancellation Policy**

This quotation is valid for 6 months. A 50% deposit is required within 14 days of acceptance, to attend the trek. Upon the acceptance, the Client agrees to the following conditions:

 Adventure Out requires full payment, 4 weeks prior to the trek’s commencement.

1. If you cancel within 8 weeks of program commencement date, 75% of the Deposit will be refunded.
2. If you cancel within 6 weeks of the program commencement date, 50% of the Deposit will be refunded.
3. If you cancel within 4 weeks of the commencement date, a refund will not be given. Note: Should you cancel, please contact Adventure Out to discuss special conditions for a partial refund, outside these terms

Adventure Out Australia reserves the right to cancel any program. In this event a full refund will be given. Adventure Out Australia may at any time change the approved and accepted itinerary or substitute trek tours due to unforeseen circumstances. Notification will be given as early as possible.

**Adherence to Good Order**

* Trekkers should have a good level of physical fitness and mobility and should be able to negotiate uneven surfaces, river crossings, and climb hills as the activity requirement.
* Adventure Out Australia reserves the right to refuse participation or retire any trekker/s that is deemed to be unfit or unprepared to complete the journey.
* With payment of deposit, it is Adventure Out Australia’s understanding that the client understands the hardships, difficulties, and potential dangers of trekking in the East Kimberley region and accepts those conditions.
* With payment of deposit, it is Adventure Out Australia’s understanding that the client will undertake a full medical check-up, prior to undergoing any exercise or training program in preparation for trekking the East Kimberley.
* With payment of deposit, it is Adventure Out Australia’s understanding that the client will ensure that they will commit to and implement a suitable training and fitness program specific to requirements necessary for trekking the East Kimberley. The client will take all reasonable avenues to obtain specific training advice regarding the fitness requirements to safely complete the trek.
* Adventure Out Australia reserves anytime the right to withdraw a trekker due to, illness, to continue will endanger the trekker’s health, to continue will endanger the group’s safety, substance abuse such as alcohol and drugs, and violation of traditional / cultural and customary practices.
* Should you request helicopter evacuation, you will be liable for these costs. Adventure Out will invoice you for these extra costs. It is your responsibility to organise payment claims through your Travel Insurance Company.

Adventure Out Australia may use photographs taken during this program in promotional and advertising material. These photographs will not be on sold to any third party and will only be used in the promotion and advertising of Adventure Out’s programs and initiatives. Please let Adventure Out know if you don’t want your images used.