

TrekCo Instructor Information

Name _____

Date of Birth _____

National Insurance number _____

Permanent Address (i.e. your home address, not college)

Tel:

Emergency contact person and their address (if their address is different):

Tel:

Permanent email address: _____
(i.e. not a college email address)

Mobile phone number: _____

Bank Account

Sort code: _____

Account number: _____

If you have already had a DBS check, provide details here:

Medical and Assumption of Risk Form

Name _____ Date of Birth _____

Assumption of Risk - Please read this before you sign!

I am aware that during the course, guided trip or any other activity that I am participating in under the guidance of the Trekking Company that certain dangers and risks do exist and may occur, including but not limited to the hazards of travelling in mountainous terrain, accident or illness in remote places without medical facilities, travel by car or other conveyance, the forces of nature and those arising out of the rigours required of such activities. Knowing of these risks, dangers and rigours required of said activities, I certify that I am fully capable of participating in these activities.

I will follow the instructions of Trekking Company staff for the duration of the course whilst under tuition and accept and act upon their decisions regarding any matter pertaining to safety or the organisation of the activities. Excepting these periods I release the Trekking Company and any of its staff of any and all responsibility or liability of any nature for bodily injury, death, loss of property or expenses incurred.

I have read, understand and accept the terms and conditions stated herein and also the cancellation and refund policy and acknowledge that this agreement shall be binding. I am over 18 years of age.

Medical Details

Emergency Contact/Next of Kin Telephone number:

Doctor's Name and Address _____

Your National Health Number: _____

Do you suffer from any known medical condition or phobias?

Date of last tetanus injection: _____

Any known allergies (penicillin, plaster, insect bites etc):

Please indicate any other information below or overleaf:

Please include any possibly relevant information including symptoms, treatments and medication (if you are not sure, please tell us anyway) and remember that you will be taking part in strenuous physical activities:

Signature _____ Date _____

