

BOOKING FORM - Euro Alps 'Classic' Tour 2013



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Full Name (as per passport): _____ **Date of Birth:** _____

Address: _____

State: _____ **Postcode:** _____ **Country:** _____

Home Phone: _____ **Work/ Mobile Phone:** _____

Home/ Work Email Address: _____

Passport Details

Number: _____ **Place of Issue:** _____ **Nationality:** _____

Emergency Contact's Name: _____ **Relationship to You:** _____

Home Phone: _____ **Work/ Mobile Phone:** _____

Medical History

Have you ever experienced high blood pressure? Yes / No

Have you or anyone in your family suffered from heart disease? Yes / No

Do you have any allergies? Yes / No

Do you currently have a physical injury or any medical condition which may affect your ability to participate safely in exercise or this tour? Yes / No

If Yes to any of the above, please provide details: _____

Tour Dates: ☐ 21st June – 30th June 2013 (fully booked)

☒ 19th July – 28th July 2013

Pole Hire Required (\$50): Yes / No

T-shirt Size (please circle): XS S M L XL
(unisex sizing)

Accommodation Preference: Double ☐ Single ☐

Dietary/ Special Requirements: _____

Payment:

I am making my \$400 deposit via:

☐ Direct Credit - BSB: 033 028, Account: 287 091, Name: Nordic Academy Australia, Reference: *Your Name*

☐ Cheque - Payable to: Nordic Academy Australia. Send to: PO Box 127, Forest Hill VIC 3131

Terms & Conditions:

☐ I have read and understood the tour itinerary and declare that I am physically and mentally fit to participate in the tour. I will notify the tour leader immediately should there be any change to my condition before or during the tour.

☐ I will take out a suitable travel insurance policy for the participation in and the duration of this Nordic Walking tour in Europe and provide details of this policy when requested.

☐ I understand that travel to and from Feldkirch, Austria (the tour meeting point) is my own responsibility and expense.

Liability Release:

I, the undersigned, am physically capable of and there is no undisclosed medical reason to prevent me from safely participating in the above specified Nordic Walking tour. I am aware and promise to inform the Nordic Academy trainer/ guide/ instructor of any medical condition, previous physical injury, or advise them of anything (even if temporary) that may restrict me from participating safely in the tour. I willingly participate in this Nordic Academy tour at my own risk. I will not seek to penalise, prosecute or claim compensation from the organisers, presenters or participants of the tour for any injury, illness, loss or damage however caused to me arising directly or indirectly from my participation during the tour.

Signature: _____

Date: _____