

BOOKING FORM - Austrian Alps 'Classic' Tour 2016



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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: _____

If you answered 'Yes' to any of the above, you may be asked to provide a 'Medical Clearance' form from your G.P.

Tour Dates: 17th June – 26th June 2016

Pole Hire Required (\$60): Yes / No

15th July – 24th July 2016

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

Accommodation Preference: Double Single

Dietary/ Special Requirements: _____

Payment:

I am making my \$500 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 3171, The Pines VIC 3109

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: _____