



BOOKING FORM (PLEASE USE BLOCK CAPITALS)

1. Course

Expedition / Course Title: _____

Organisation (if applicable): _____

Leaders / Co-ordinators Name (if applicable): _____

2. Personal Details

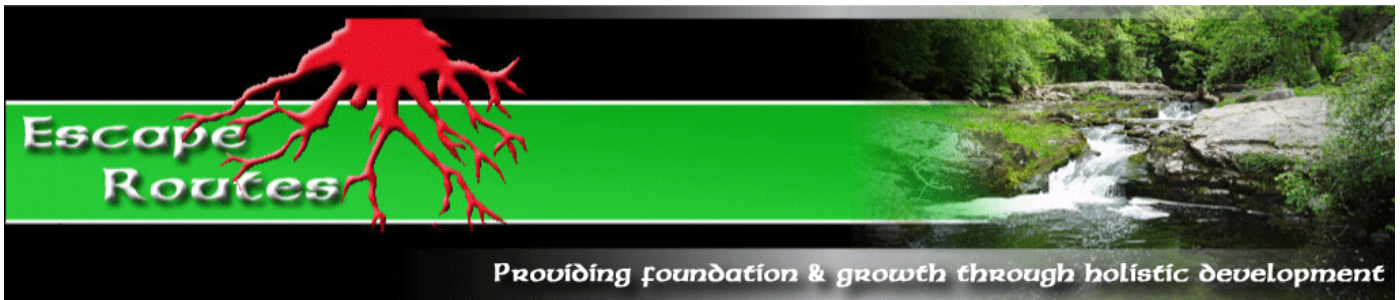
IMPORTANT: For European and Overseas expeditions: Please attach a **PHOTOCOPY OF YOUR PASSPORT**

Surname	Initials	Name	Nationality	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address

Post Code _____



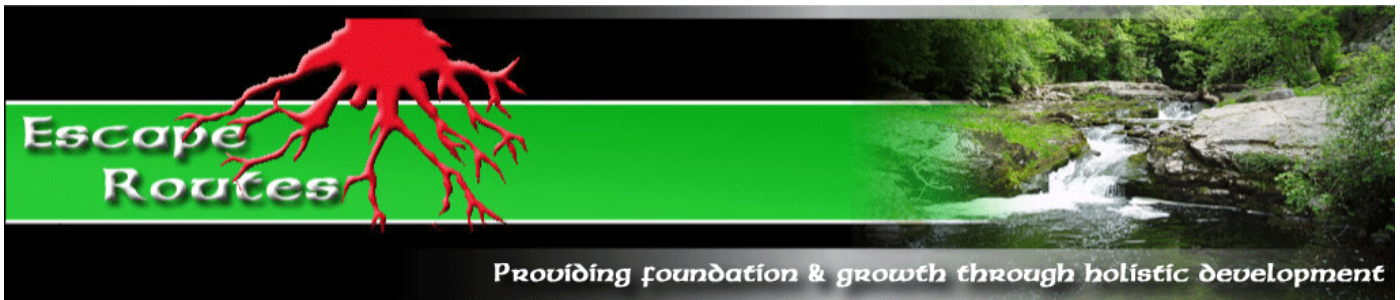
6. Booking Declaration – Please Read Carefully & Sign

On behalf of the person included on this form I am authorised to make this booking and have read and agree to the Booking Conditions. To the best of my knowledge any persons¹ on whom the travel plans depend, are in good physical and mental health, know of no circumstances why the expedition is likely to be cancelled or curtailed, and are not travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

¹This means people closely associated with or closely related to those named on the form, normally being limited, but not restricted, to the immediate family. It does not mean other team members. For example, it is important for the insurers to know that siblings, parents or guardians are in a reasonable state of health such that they are unlikely to fall ill causing those named on the form to cancel from the expedition.

Signed: _____ (Parent/Guardian/Participant if over 18 yrs)

Date: ____ / ____ / ____



CONSENT FORM (PLEASE USE BLOCK CAPITALS)

7. Course (Consent)

Course Title: _____

Date: _____

Name: _____

Age: _____

Sex: _____

8. Consent Declaration - Please Read the Following Very Carefully & Sign

The British Mountaineering Council (BMC) 'Participation Statement' states:

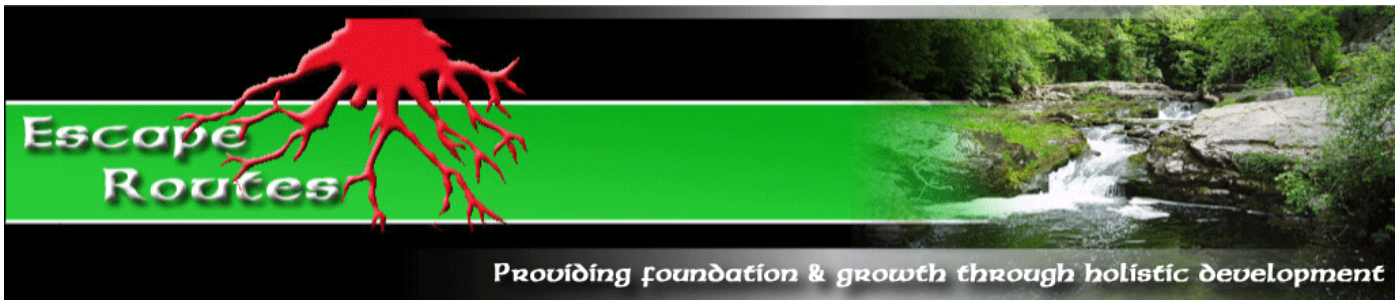
'The BMC recognises that climbing, hillwalking and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement'.

Escape Routes identifies, assesses and manages the risks associated with all activities linked to any expedition/course run by Escape Routes.

For all Courses & Expeditions

When partaking in any outdoor and adventurous activities, risks need to be assessed at every stage, from initial planning to actually participating in the activity. Risks, including storms and stone-fall, cannot be negated whilst we remain intent on visiting mountain regions. However, Escape Routes leaders are chosen for their experience and expertise in assessing the risks and minimising them to an acceptable level. If such risks cannot be reduced to an acceptable level, Escape Routes will alter the itinerary or route so as to avoid them outright, wherever practicable to do so. It must be understood and accepted that the risks inherent in outdoor and adventurous activities cannot be completely eliminated and, even if reduced to a seemingly acceptable level, there will remain the chance of unpredictable occurrences resulting in injury or death.

Some courses/expeditions will involve venturing away from populated areas to remote areas, often with difficult access. Such programmes invariably take teams away from normal emergency services and medical facilities. Helicopters assisted by mountain rescue personnel are the most usual means of recovery but they may be hindered in reaching the casualty by the weather or by the position of the evacuation area. Therefore, such teams will need to be self-reliant in terms of first-aid for a period of time.



Leadership & Instruction

Escape Routes only employs experienced leaders with relevant National Governing Body (NGB) Awards appropriate to the activity they are instructing.

UK Courses & Expeditions

For all courses that take place within the UK, Escape Routes holds an Adventure Activities Licensing Authority (AALA) licence (Registration Number: L6313/R1533). This is granted following an inspection process that assesses the safety management systems of Escape Routes. Should you require further information regarding the granting of this licence, please contact the AALA – Tel.No. 029 20755715

Please sign below to show that you accept there are risks involved and you do understand that they cannot be totally eliminated.

Signed: _____ (Parent/Guardian/Participant if over 18 yrs)

Date: ____ / ____ / ____



MEDICAL DECLARATION FORM (PLEASE USE BLOCK CAPITALS)

9. Personal Details (Medical)

Organisation: _____ Start Date: _____

Expedition/Course Title: _____

Your Name: _____ Age: _____ Sex: _____

Email: _____ Home Tel: _____

Please answer the following Medical Questions		
Are you now or have you ever been on long-term medication? This includes drugs taken for physical illness or psychiatric conditions and contraception, if going on an expedition that sleeps over 3,500-m.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", what medication and dosage is, or was, involved?		



Are you still on this medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been in hospital or had any long-term medical problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please give dates and details (continue on separate sheet if necessary)		
Have you had any medical problems within the last six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please give dates and details (continue on separate sheet if necessary)		



Are you allergic to any drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list these drugs		
Have you received a tetanus injection within the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of any immunisations you have received with dates.		

10. Medical Declaration & Insurance Advice

If I have answered “yes” to any question above, I will declare the same information, personally and directly, to my insurers as it may constitute a “material fact” under the terms of my travel insurance. I understand that failure to do so may invalidate my travel insurance.

I declare that the information provided above is a full and accurate record of my medical history and current medical state. If any medical issues arise before my course or expedition, I will inform Escape Routes as soon as possible. I also declare that I know of nothing relating to my health or fitness, which might prohibit me from taking part in the expedition/course or might jeopardise myself or other people.

Travel to remote areas can occasionally cause major medical problems and for this reason it is essential that we have accurate medical history details going right back to childhood. Whilst Escape Routes feels that it is essential to respect the medical confidentiality of all clients, regardless of their age, we would appreciate permission to discuss any potential medical problems with both the relevant youngster and his/her parents if this seems appropriate.

Signed _____ (Parent/Guardian/Participant if over 18 yrs)

Date ____ / ____ / ____