

PARTICIPANT DETAILS																			
Name																			
Name of school/course													Gender	M	F				
Course dates													Age:	Date of Birth:					
Cell phone	0	-								Home phone	0	-							
Address																			
E-mail																			
Please tick the box if you do <u>not</u> want to receive information about other courses at Hillary Outdoors. At no time will we ever sell or provide your information to anyone else.																	<input type="checkbox"/>		
<i>Next of kin/emergency contacts:</i>																			
Name								Relationship											
Home phone	0	-						Work phone	0	-									
Cell phone	0	-					Email												
Doctor's name																			
Doctor's contact																			

PERSONAL INFORMATION		
<p><i>Hillary Outdoors has a policy of inclusion. In order to achieve this safely it is vital that we have as much information as possible about our participants. It is ESSENTIAL that you give us accurate and detailed information. Attach an additional sheet if necessary. Note: Any information provided will be treated as confidential.</i></p> <p>IF ANYTHING CHANGES BETWEEN COMPLETING THIS FORM AND THE TRIP IT IS ESSENTIAL YOU LET US KNOW.</p>		
	Yes	No
<p>Do you have any particular dietary needs?</p> <p><i>Details:</i></p>		
<p>Do you have any intellectual, social, or behavioural needs or conditions/disorders that Hillary Outdoors needs to know about? E.g. ADHD; depression; fears; anxiety, mood, eating, impulse control, addiction or psychotic disorders; OCD; PTSD or other (please state).</p> <p><i>Details:</i></p>		
<p>Do you have any medical or physical conditions that <i>could</i> affect either your or others participation on the programme? e.g. bad back; old injuries/dislocation; poor fitness; pregnancy; diabetes; epilepsy; high blood pressure; injury; illness; asthma; obesity; sight or hearing impediments or other (please state).</p> <p><i>Details:</i></p>		
<p>Are you taking any medication? (Please bring spares of any medication for your instructor to carry). <i>Details:</i></p>		
<p>Have you been in contact with any contagious diseases in the past 2 years?</p> <p><i>Details:</i></p>		
<p>Do you have any allergies? <i>Details:</i></p> <p><i>What action should be taken?</i></p>		
<p>I agree to me / my child being given over-the-counter medication e.g. Panadol or Ibuprofen.</p>		

SWIMMING ABILITY INFORMATION

	No	Don't know	Yes
Are you able to swim 50 metres?			
Are you water confident in a pool?			
Are you confident in deep water?			
Are you able to tread water?			
Are you able to survival float?			
Are you confident in the sea or open inland water?			
Do you hold any awards / qualifications containing a practical swimming assessment? Please detail:			

CONSENT

All boxes must be ticked for you / your child to participate. Detailed information about our safety system and activities is provided at www.hillaryoutdoors.co.nz/safety/ In summary:

- Hillary Outdoors offers a wide range of activities which may include: sea kayaking, sailing, coasteering, snorkeling, boogie boarding, rock-climbing, tramping, initiative / confidence course activities, camping, kayaking, canoeing, tubing, caving, tramping, skiing, snowboarding, snow skills, river walking and ropes courses.
- Participation in all activities at Hillary Outdoors is voluntary although students are supported and encouraged by their peers and instructor to participate to a level which challenges them.
- Because of the changeable and unpredictable nature of the outdoors risks can never be reduced to zero. Hazards exist in these activities that may result in serious injury or even death. These hazards include: weather / environmental conditions, height, water, equipment, Hillary Outdoors employees' behaviour and skills, client specific hazards, environmental impact and vehicles.
- Our aspirational goal is that no harm will occur whilst involved in activities. Our management strategies for achieving this can be viewed online.

Please contact us if you require more information to make a decision, or if you have any questions.

Yes ✓

I understand there are risks associated with outdoor activities that cannot be reduced to zero. I know I am able to ask any questions of Hillary Outdoors or the individual instructor to gain a better understanding of the activity before deciding whether to take part, and the final decision about whether to take part or not is mine. If I decide to take part, I understand the instructor will identify any hazards that are liable to arise and correct procedures to deal with these, and that it is necessary for me to follow these. The instructor will take all reasonable precautions to ensure my safety. If I act outside of this advice, then I acknowledge I do so at my own risk and may be instructed to leave the programme or activity.	
I have received enough information to make an informed decision about the programme I am / my child is about to undertake.	
I authorise Hillary Outdoors to instigate medical assistance and treatment required in an emergency.	
I understand I may be charged for items belonging to Hillary Outdoors I lose or damage.	
I understand that my personal effects are not covered by Hillary Outdoors insurance policy.	
I understand that if I am under the influence of alcohol, drugs or other substances, Hillary Outdoors has the right to stop my further participation on the programme and I have no right for refund of my course fee.	
I understand Hillary Outdoors Tongariro operates in an area with active volcanoes with associated risks. For further information please see www.doc.govt.nz/parks-and-recreation/national-parks/tongariro/plan-and-prepare/volcanic-risk-in-tongariro-national-park/	
I have read the information sent to me and agree to act within Hillary Outdoors' policies and expectations.	
I understand that Hillary outdoors cannot be responsible for storage or administration of my child's medication, unless specifically requested to do so prior to their visit.	

We require all participants to sign this form and require a parent or guardian's signature for any student under 18. Photos and videos of participants to our courses and programmes may occasionally be used for marketing purposes. We assume your permission to use any of you / your child unless otherwise requested by you.

By signing you are confirming that the information provided is as accurate and complete as possible and are confirming your consent to your / your child's participation in the stated Hillary Outdoors programme.

Participant signature _____ Date _____

Parent / Guardian signature _____ Date _____