



Registration Form Trek Jordan 2019



Please return your completed, signed form to JCH along with your deposit in order to confirm your place on the trek.

Trip: TREKS- Jordan Trip

Date: 5th-12th October 2019

All information must be as per passport

Title (Mr./ Ms./ Mrs./ Miss/ Other) _____

Surname: _____

Forename: _____

Date of Birth (D/M/Y): ___/___/___ Gender: _____

Place of Birth: _____ Nationality: _____

Passport No.: _____ Country of Issue: _____

Issue Date: _____ Expiry Date* : _____

Home Address: _____

Postal Code: _____

Mobile Number: _____

Email: _____

Occupation: _____

Marital Status: _____

Height (m): _____ Weight (kg): _____ BMI: _____

* Passport must have at least 6 months to run from the date you return to the UK

Signature



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Blood Type: _____

Emergency contact details # 1:

- Name: _____
- Mobile Number: _____
- Email: _____
- Relation: _____

Emergency contact details # 2:

- Name: _____
- Mobile Number: _____
- Email: _____
- Relation: _____

| Allergies | |
|--|------------------|
| List name and reaction | |
| Medication/Drugs | Type of reaction |
| | |
| | |
| Food/Environment <small>Plants, weather, animals, bee stings, etc..</small> | Type of reaction |
| | |
| | |

| Medication List | | |
|--|------|-----------|
| Please include all prescription & non-prescription, medications, vitamins and herbal supplements Please bring all medications with you on each hike | | |
| Name of Medication | Dose | # Per Day |
| | | |
| | | |
| | | |
| | | |

Signature



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| Surgical Procedures or Hospitalizations | | |
|--|------------------------|------|
| Please list type/reason and year of surgery or hospitalization | | |
| Hospitalization/Surgeries | Reason/Type of Surgery | Date |
| | | |
| | | |
| | | |
| | | |

| Have You Ever Had | | | |
|---|-----|----|---------|
| | Yes | No | Details |
| Serious injuries and/or broken bones | | | |
| Blood transfusion | | | |
| Immunizations for Tetanus/Diphtheria within last 10 years | | | |
| Blood problems (abnormal bleeding, anemia) | | | |
| Diabetes | | | |
| High Blood Pressure | | | |
| Asthma | | | |
| Heart Disease | | | |
| Eye Problems | | | |
| Back, Neck or Spine Problems | | | |
| Please also include any condition that may have an impact on your ability to complete this trip | | | |
| | | | |

| Previous Sport Experience | | | |
|---------------------------|-----|----|---------|
| | Yes | No | Details |
| Hiking/Trekking | | | |
| Mountaineering | | | |
| Other Sports | | | |

| Other Information | | | |
|----------------------|-------------|----|---------|
| | Yes | No | Details |
| Smoking | | | |
| Alcohol | | | |
| Dietary Preferences | | | |
| Prescription Glasses | | | |
| Height (m) | Weight (kg) | | BMI |

Signature



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Do you mind being photographed in the trip and published on TREKS social media network?

Yes No

The information you have provided to us includes personal data about you. The information is required by us in order to be able to process your application to participate in Trek Jordan 2019, including:-

Your name, address and other contact details allows us to identify you and to contact you in respect of Trek matters. You have the right to say whether you would like to be contacted by the Home in respect of Jersey Cheshire Home events, news, up-dates, future treks or other fundraising activities. Your age and date of birth - our Treks are mixed age ranges, however accommodation in some places requires us to place to trekkers together and this information allows us to do this, unless a specific travel arrangement has previously been indicated to us. Health details - our Treks are a physical challenge and it is important that participants are fit and able to complete the challenge. The information is also helpful when in country should medical assistance be required. Next of kin / emergency contact details - these are required should we need to make contact when undertaking the Trek in the event an incident occurs.

Tick here if you would like to be kept up to date about Jersey Cheshire Home, including receiving news, fundraising activities, how you can support and future treks.

T-SHIRT SIZE:

Please circle: S M L XL

Signature



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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: _____

Date of Activity or Event: _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: TREKS and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that TREKS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of TREKS

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors,

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and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name & Signature

Date