

Outer Limits Explore Ltd
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Booking Form – 2007

Expedition Destination:

1. Personal details		(Please complete in BLOCK CAPITALS)	
Name (as it appears in passport): _____		Birth Date: _____	
Address: _____		Day/Month/Year	
Postcode: _____		Known Name: _____	
Contact Home ☎		Work ☎	
Mob ☎		email:	
2. Next of Kin (To be contacted in case of emergency)			
Name:		Relationship:	
Address:		Postcode:	
Contact Home ☎		Work ☎	
Mob ☎		email:	
3. Passport details			
Passport Number:		Place of issue:	Nationality:
Date of Issue: / /		Expiry date: / /	

4. Medical Questionnaire – Confidential (Outer Limits Explore Leader/Company Doctor and Administrators eyes only)

We do not automatically prevent anyone joining an expedition for a medical condition or handicap unless directed by your own Doctor. It is, however, essential for us to know of any such conditions for planning purposes. The following questions have been developed to provide information that may be helpful in assisting the Leader in any medical situation involving you. With this in mind you are requested to provide all relevant details at this time and to advise the Leader of any changes in your health/fitness between now and the expedition. Please use a separate sheet where necessary.

Height: _____ Weight: _____ (approx. kg)

1. Have you in the last 5 years suffered from:

- Asthma YES/NO
- Shortness of breath YES/NO
- Convulsions YES/NO
- Diabetes Mellitus YES/NO
- Epilepsy, fits or blackouts YES/NO
- Nervous or mental problems YES/NO
- Back problems YES/NO
- High Blood Pressure YES/NO
- Heart Problems YES/NO

2. Do you need to take any drugs or medicines regularly?: YES/NO

If so please give details (drug name & dose) _____

3. Are you allergic to any of the following?

- Aspirin YES/NO
- Penicillin YES/NO
- Zinc Oxide Plaster/ elastoplast etc YES/NO
- Any Immunizations / other drugs YES/NO
- Food (especially peanuts) YES/NO
- Anything else _____

4. Have you ever been admitted to hospital or suffered any major accident or illness?

If so please give details _____

5. Do you suffer with any condition that affects your mobility or ability to lift or carry weights? YES/NO

6. Please add here any other information concerning your health and your participation on the expedition which has not been covered by the above questions _____

If you have answered yes to any of the above we may require a doctor's certificate. Whilst it is a rare occurrence we reserve the right to refuse a booking on medical or health grounds in which circumstance your deposit will be refunded in full.

7. Do you have any special dietary requirements you would like us to be aware of?

5. Insurance This is included in the Total Ground Cost.

Insurance is included in your deposit, if you have your own insurance please call Outer Limits Explore Ltd at time of booking to discuss.

Please note that you must provide us with a copy of your insurance policy in accordance with our Terms & Conditions. We accept no liability for any deficiencies in any insurance policy.

6. Declaration

I have read and understood Outer Limits Explore Ltd's Terms & Conditions, and I agree to be bound by them and confirm that I am willing to abide by the decisions of yourselves and/or the Expedition Leader. To the best of my knowledge and belief all information provided on this form is correct and I know of no reasons why I should not participate in the above expedition and I will not be travelling against medical advice.

Signed:

Date :