CONFIDENTIAL ENROLMENT, MEDICAL AND INDEMNITY FORM

FOR OFFICE USE ONLY

Course Code:	

EVERY ITEM MUST BE COMPLETED.
MARK "N/A" IF ANY SECTION IS NOT APPLICABLE TO YOU

PART 1: GENERAL INFORMATION

COURSE INFORMATION:

Course dates: _____

Outward Bound centre: _____

Name of organisation that you will attend with: _____

Male/Female:		Race:	

PARTICIPANT INFORMATION:

Name: _____

Postal Address: _____

_____

_____

Telephone (h): _____

Telephone (w): _____

Cell phone: _____

E-mail: _____

Age at course start: _____

ID/Passport No: _____

EMERGENCY CONTACT:
Person to be notified in case of illness or injury

Name: _____

Telephone (h): _____

Telephone (w): _____

Cell phone: _____

Relationship: _____

Family Doctor: _____

Telephone: _____

PART 3: INDEMNITY FORM

I (parent/guardian/person over 21 years of age) _____
(PRINT CLEARLY)

give permission for (participant, myself) _____
(PRINT CLEARLY)

to participate in the activities of the Outward Bound Trust of South Africa.

Dates _____

In granting this permission I hereby indemnify the Outward Bound Trust, its representatives, officials, and staff against any claim for loss or damage of property, any injury or death whilst participating on any activity including travel to and from such activities arising out of the Trust's programmes. The Outward Bound Trust uses independent bus contractors and as such cannot accept any responsibility for either their performance or the condition of their vehicles although the Trust requests such bus companies to provide assurances of appropriate safety standards.

I am aware that there are risks and dangers involved in mountaineering, river trips, rock climbing, sailing and associated activities, and I acknowledge and assume responsibility for my actions, decisions and judgements.

I am aware that I am liable for any medical or other expenses that may result from any injury or occurrence.
I also hereby give permission to Outward Bound SA to take photos/videos of myself/participant whilst on course and to use this material for marketing (Social Media, Facebook, Twitter, Website) and course report purposes.

Signed _____ Date _____
(Parent / Guardian / Person over 21 years of age)

PERSONAL DECLARATION

I undertake to abide by the safety directions given by the Outward Bound staff.

Signed _____ Date _____
(Participant)

If an interpreter has translated this information to the parent, guardian and/or participant, please indicate:

I, _____ ,

(acting as translator/interpreter) have interpreted to the parent/guardian and participant the contents of this document and believe the contents to be understood by the parent/guardian and the participant.

Signed _____ (Interpreter)

Date _____ Place _____

- Have you been treated by a doctor or in hospital within the last two years? Yes ☐ No ☐ _____
- Are you taking any medication? If so, please state the condition being treated, name the medication, state the dosage, and ensure that you bring enough. Yes ☐ No ☐ _____
- Do you have any special dietary requirements (e.g. vegetarian, vegan or Halaal)? Yes ☐ No ☐ _____
- Do you have, or suffer from any other diagnosed condition? Are you pregnant? Yes ☐ No ☐ _____
- Can you swim 50 metres in light clothing? Yes ☐ No ☐ _____

MEDICAL AID INFORMATION:

Medical Aid Name: _____

Medical Aid Number: _____

Principal Member: _____

IF THERE ARE ANY CHANGES TO THE ABOVE, YOU MUST INFORM OUTWARD BOUND IMMEDIATELY.

I declare that ALL MEDICAL & ENROLMENT information on this form is true and that I have not withheld any relevant information.

In signing for a participant who is under 21 years of age, you endorse the following statement:

"I consent to the participant participating in the course stated on this form and I consent to him/her taking part in all activities. I have ensured his/her willingness to participate in all aspects of the course. In the event of an emergency and Outward Bound being unable to contact me, I give permission for any medical treatment deemed necessary, to ensure the well-being of the above named, to take place".

Participant's Name: _____

Date	Participant's Signature	Signature of Parent or Guardian if under 21 years of age

PART 2: MEDICAL DETAILS

Name of Participant: _____

The information provided in this form will be treated as CONFIDENTIAL and is only required in order to enable Outward Bound to provide appropriate medical help and support if required.

Please answer the questions fully and honestly. If at the start of the course it is found that information has not been given correctly, Outward Bound reserves the right to refuse participation. If you are concerned about your physical suitability for the course, please seek advice from your doctor and obtain your doctor's written confirmation that it is appropriate for you to participate.

Mark clearly if you have ever had:			**IMPORTANT: Please give details if answer is 'yes'**
● Heart trouble eg. heart murmur, angina, raised blood pressure?	Yes ☐	No ☐	
● Asthma, bronchitis, sinusitis, tuberculosis or other lung condition?	Yes ☐	No ☐	
● Diabetes?	Yes ☐	No ☐	
● Epilepsy, fainting attacks, migraine, severe head injury?	Yes ☐	No ☐	
● Nervous illness, depression or other psychiatric condition?	Yes ☐	No ☐	
● Allergy to foods (e.g. nuts, dairy produce etc)	Yes ☐	No ☐	
● Other allergic reaction (e.g. hay fever, reaction to medicine or insect bites)?	Yes ☐	No ☐	
● History of broken bones, muscle tears or tendon/ ligament damage?	Yes ☐	No ☐	
● Stomach / digestive / abdominal problems?	Yes ☐	No ☐	
● Blood disorders?	Yes ☐	No ☐	
● Bladder / urinary problems?	Yes ☐	No ☐	
● Hearing / visual impairments?	Yes ☐	No ☐	
● A tetanus injection? If so, state date of most recent?	Yes ☐	No ☐	
● Are you suffering from, or are you a carrier of, any infectious diseases?	Yes ☐	No ☐	