

# WMT Overseas Courses - Participant Declaration Form 2017 v1

Please answer all questions and complete all fields. By completing this form you agree to the terms and conditions below. Bring the form with you rather than emailing in advance please. Contact us in good time BEFORE the course if you have any medical conditions or concerns you wish to disclose.

### NAME (print first and last): \_\_\_\_\_

#### Terms and conditions:

- Due to the nature of mountain weather and mountain transportation systems beyond the organiser's control, the participant accepts that alternative venues/activities may be substituted at the discretion of the organisers.
- Clients are responsible for the replacement cost of any equipment loaned to them that is lost or damaged.
- No refunds are given for non-participation or for unused services for whatever reason.

### Participation declaration:

- I confirm I am in good health and will not participate under the influence of alcohol, drugs or other condition that will affect my safety or that of others.
- I accept that the outdoor activities proposed involve risk and are inherently dangerous.
- I accept that these risks and dangers cannot be completely eliminated even under the supervision of professional instructors.
- I certify that I am insured for the course activities and have full mobility. I understand that WMT will not advance funds for my rescue or medical treatment required.
- I have given full details of any serious or relevant medical conditions WMT should be aware of below (in confidence).

### Give details of serious or relevant medical conditions:

# Emergency contact person's name & phone number:

Travel insurance details: Name of insure	er	
Policy number		
Your name as on the policy		
Insurer's emergency contact number		
Passport details: DOB	_	
Passport number:		
Name on passport		
If other than a UK passport, give details: _		
Sign here	Dated	