

DECLARATION and MEDICAL FORM



MINI RAFTS EUROPE is a company that dedicates to exploring the unknown by river travel. We operate in remote parts of the world using the best river guides and equipment that the industry has on offer. We reserve the right to cancel any course or expedition, for reasons out of our control, such as bad weather conditions or high water levels. We also reserve the rights to prevent participants from undertaking a certain exercise or expedition should we consider that they are not up to the required standards.

Declaration:

I understand that white water rafting demands a good level of physical fitness and good health and I am practicing the sport of white water rafting at my own risk. I am in good health to practice this activity and free MINI RAFTS EUROPE, their instructors, drivers and employees of all responsibilities in any type of accident that I may suffer from during travel, practice or while participating in a course or expedition.

I hereby declare that all the information given in the forms that I have filled in to participate in the course or expedition is correct.

Print full name:

--

Signed:

Date:

--	--

DECLARATION and MEDICAL FORM



The following information is strictly confidential and meant for our staff who will be working with you on your course or trip. It is intended to give us better awareness of your health and well-being.

Course or expedition dates:

Full name:
Date of birth:
Address:
Post code:
Tel. number: Mobile number:

Next of kin:
Relationship to participant:
Address:
Post code:
Emergency contact number:

Insurance company:
Policy number:
Contact: Phone number: E-mail:

DECLARATION and MEDICAL FORM



	Yes	No
Have you had a medical in the last 5 years?		
Have you suffered from any broken bones in the last 5 years?		
Have you had any ligament injuries in the past 3 years?		
Do you suffer from any heart conditions?		
Do you currently take any prescribed medications?		
Do you wear glasses or contact lenses?		
Do you have any allergies?		
Have you suffered from any back problems or neck problems in the past 3 years?		
Do you suffer from epilepsy?		
Do you suffer from headaches?		
Do you suffer from asthma?		
Are you diabetic?		
Do you suffer from chest pains or breathing problems?		
Do you smoke?		
Do you drink alcohol?		
<p>If you have answered YES to any of the above questions, please give us as many details as possible so that we are aware of your condition and may prepare accordingly.</p>		