

Open Challenge Booking Form



Please complete clearly in BLOCK CAPITALS and tick one of the following options:

Name of Challenge	Kilimanjaro Summit Challenge
Date of Challenge	
Self-funding	£299 registration fee & £1696 to pay by 8 weeks prior to departure - Total cost: £1995 <input type="checkbox"/>
Min. Sponsorship	£299 registration fee & £3400 to fundraise for your chosen charity <input type="checkbox"/>

PERSONAL DETAILS (as per passport)

Title		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	
Address			
Passport No.		Place of Issue	
Date of Expiry		Nationality	

Your passport must be valid for at least 6 months from the date of your return to the UK. Please enclose 1 passport sized photo with your name printed clearly on the back.

ADDITIONAL INFORMATION

All accommodation will be shared and single sex. Is there someone you wish to share with?

Do you have any special dietary requirements or food allergies?

How much trekking experience do you have?

Where did you hear about this Challenge?

website charity Google friend / colleague

CHARITY DETAILS (please complete this section if you have chosen the minimum sponsorship option).

Charity Name		Contact Name	
Charity Address			
Email		Reg. Charity No.	
Charity Tel No.			

Conditions of Entry & Declaration



- You must enclose a registration fee with your application (payable to 'Action Challenge'). This is non-refundable under any circumstances.
- If you are raising a minimum sponsorship target, 80% of your fundraising target should be with your chosen charity 10 weeks prior to departure.
- If you are unable to meet the sponsorship requirements you may forfeit your place on the trek. Your chosen charity will be able to discuss options with you should problems arise. Please ensure that you inform your charity as soon as possible if you are having problems with your fundraising.
- All funds (excluding the deposit) should be made payable to your chosen charity.
- All flights will be booked through Action Challenge, ATOL 6296.
- Where applicable, and unless stated, you must have a valid entrance visa for the country in which the challenge takes place.
- Your passport must be valid for at least 6 months from the date of your return to the UK.
- On receipt of your final payment, you will receive further trip notes, including an ATOL receipt to confirm your flight arrangements.
- If you have any medical conditions that could be affected by strenuous activity, or you are over 60, you must get written clearance from your doctor. In signing below to the conditions you confirm that your general state of health and fitness is good and that you take full responsibility for yourself.
- You accept that all instructions given to you on the challenge must be observed for your own safety.
- You certify that all information you have provided on this application form and any further forms, is/are correct to the best of your knowledge.

Under the Data Protection Act you may let us know at any time, if you no longer wish to receive mailings from Action Challenge. Please tick if you do not want to receive future challenge information:

If you object to your email address being passed onto your fellow challenge participants, please tick:

I have read and agree to abide by the Action Challenge Event Terms and Conditions.

Signed	Date
--------	------

Enclosed is:

- My cheque for the registration fee, made payable to 'Action Challenge'
- My medical questionnaire
- One passport sized photograph

Please return to: **Action Challenge** AH216, 22-24 Highbury Grove, London, N5 2EA.
T: +44 (0)207 354 1465 F: +44 (0)870 135 1256
info@actionchallenge.com www.actionchallenge.com

Medical History



Please complete this questionnaire carefully. It is very important that we find out as much as possible about your medical history to ensure your safety on the challenge. We will treat your questionnaire with the strictest confidence. We will attempt to accommodate everybody on the challenge, but do reserve right to refuse entry on medical grounds if we feel your safety and/or that of the group may be compromised. Any decision will be made in consultation with you.

PERSONAL DETAILS

Title		Forename	
Age		Surname	
DOB		Email	
Tel (day/eve)		Mobile	

MEDICAL HISTORY

Do you suffer from or have you ever suffered from: (please circle)

Heart trouble and/or blood pressure problems?	YES / NO
Asthma, bronchitis and/or shortness of breath?	YES / NO
Diabetes?	YES / NO
Epilepsy and/or fainting attacks?	YES / NO
Migraine, headaches?	YES / NO
Severe head injuries?	YES / NO
Cancer?	YES / NO
Allergies?	YES / NO
Vertigo?	YES / NO
Fracture, tendon or ligament/cartilage damage?	YES / NO
Physical illness or back problems?	YES / NO
Psychiatric or mental illness?	YES / NO
Have you been hospitalised within the last two years?	YES / NO
Are you suffering from or a carrier of any infectious disease?	YES / NO
Are you registered as disabled?	YES / NO
Do you have any skin wounds or ulcers?	YES / NO
Do you have any problems with sight, hearing or other senses?	YES / NO
Do you have any other on-going or past medical problems?	YES / NO
Are you pregnant or trying to get pregnant?	YES / NO
Do you have a drug or alcohol dependency?	YES / NO

If you answered yes to any of the above questions, please explain in the space provided below:

--

If you answered YES to the question regarding asthma, please answer the following:

When was the last time you needed hospital treatment?	
When was the last time you needed steroid tablets?	
What medication/inhalers do you currently use?	

Are you currently taking any medication? If so please explain:

--

In case of an emergency, please contact:

Title		Relationship to you	
Forename		Surname	
Tel (day/eve)		Mobile	

Medical Declaration



I understand and agree that my personal data may be processed and/or transferred outside of the European economic area in order for the full and proper performance of the challenge contract.

I understand that Action Challenge will only transfer to the extent required.

I hereby give permission for Action Challenge or other expedition staff to initiate medical treatment and to inform my emergency contact if I go to hospital while on the event.

To the best of my knowledge, this is a true and accurate description of my medical history and my current condition.

Signed		Date	
Print Name			

DOCTOR'S CONSENT

IF YOU ARE OVER THE AGE OF 60 OR HAVE ANSWERED 'YES' TO ANY OF THE MEDICAL QUESTIONS, THIS SECTION MUST BE COMPLETED BY A DOCTOR WHO HAS ACCESS TO YOUR MEDICAL HISTORY.

The above named person will be participating in a strenuous challenge, possible involving basic camping. They may be trekking or cycling for approximately 8 hours over tough terrain, in extremes of temperature climate and altitude. The participant may have to cope with basic facilities such as long-drop toilets, primitive washing facilities, and living under canvas. The food may be cooked over open fires or gas burners. Action Challenge will provide a local medical professional on most trips to give immediate first aid in the event there may be an accident, however, the event may be a considerable distance from any hospital.

With the above information, if there is any matter of which you feel Action Challenge should be aware of, please supply details on a separate sheet. If you need any further information, please feel free to call us on +44 20 7354 1465.

I have read the above paragraph and agree that the participant's medical details are correct. In my opinion this patient is fit and physically and mentally healthy enough to be able to participate in this challenge event.

Doctor's signature		Date	
Print name		GMC no.	
Address			

Please return all forms to:

Action Challenge

AH216, 22-24 Highbury Grove

London N5 2EA

T: +44 20 7354 1465 F: +44 870 1351256

info@actionchallenge.com www.actionchallenge.com