

Weldmar Hospicecare Canadian Rockies Trek 31st August – 6th September 2019

Please return this completed form, along with your **cheque** (if applicable) and **passport copy** to:
Fundraising, Weldmar Hospicecare, Hammick House, Bridport Road, Dorchester, DT1 3SD

Please complete all sections of the form below in **BLOCK CAPITALS**

Your Details (please complete your name exactly as it appears on the passport you will travel with)

Title (Mr, Mrs Miss, Ms, Dr): _____

First name: _____

Prefer to be known as: _____

Middle names: _____

Surname: _____

Full address and postcode: _____

Email address (which is checked regularly): _____

Telephone number: _____

Mobile number: _____

Date of birth: (DD/MM/YYYY) _____

Marital status: _____

Gender: _____

Age at time of travel: _____

Do you have any dietary requirements or preferences (e.g. vegetarian/ allergies)? Yes No

If dietary requirements, please specify:

If allergies, do you carry an epi-pen?

Please note: the names given here must be exactly the same as on the passport you will travel with. If you provide the incorrect details any name-change surcharges are payable by you.

Your Passport Details (please enclose a photocopy of your passport photo page)

Passport number: _____

Nationality on passport: _____

Date of passport issue: (DD/MM/YYYY) _____

Date of passport expiry: (DD/MM/YYYY) _____

I have attached a copy of my passport: Yes No (REQUIRED)

We recommend that your passport is valid for six months after the end of the event.

NOTE: If your passport details are changing before departure please indicate this here and apply for your new documents as soon as possible.

Your Next of Kin Details (someone **not** travelling with you that can be contacted in an emergency)

Next of kin full name: _____

Relationship to you: _____

Email address: _____

Telephone (home): _____

Mobile: _____

Telephone (work): _____

Full address and postcode: _____

Room Arrangements

Accommodation will be on a twin-share basis unless otherwise noted on the trip itinerary. Please state the name of anyone with whom you specifically wish to share. _____

If you are a couple requiring a double room (if available), please tick this box

Travel Insurance Details

You should purchase travel insurance at the time of booking as this will protect your non-refundable registration fee in the event of unexpected cancellation prior to the challenge.

You are responsible for ensuring that **all** activities you undertake during the trip (including any community projects, airlifting / helicopter evacuation, trekking etc.) are covered by your insurance policy. If you do not currently have a travel insurance policy please see page 5 for more information.

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

*The 24 hour emergency assistance telephone number is the number that would be called in the event of a medical emergency occurring while you are travelling, for example to arrange airlifting or hospital treatment. This number is NOT your next of kin contact details.

Registration Fee Payment Options

1. I enclose a cheque for the registration fee of £350 payable to **Weldmar Hospicecare**. (tick)

2. I wish to pay the registration fee of £350 by credit/debit card. (please tick and complete below)

Credit/debit card type: (*Unfortunately we do not accept American Express*) _____

Name on card: _____

Card number (16 digits): _____

Start Date: _____

Expiry Date: _____

Issue Number: _____

House no. where card is registered: _____

Postcode: _____

CSV (3 digits on reverse): _____

Sponsorship Details

- I understand that my participation in this event is subject to me fundraising a minimum of **£3,950** for Weldmar Hospicecare before departure.
- I agree that I will raise 75% of the total fundraising target (£2962) by 7th June 2019, and the remaining 25% (£988) by 10th August 2019. (tick)
- I will keep Weldmar Hospicecare informed of my fundraising progress and I understand that the £3,950 total sponsorship figure is in addition to, and separate from, the registration fee. (tick)

Your Challenge

Where did you hear about this challenge?

What made you sign up for this challenge?

Have you participated in any treks or challenges before? If yes, please specify.

Medical Declaration Form

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. Your answers will be treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any of these details change you must update us and your travel insurance company. If you tick yes to any of the conditions listed below or have any medical concerns that are not shown below, you are required to provide a doctor's signature to confirm your medical conditions are as stated.

Please complete this form clearly in BLOCK CAPITALS

Full Name: _____

Blood Group (if known) _____

Height: _____

Weight: _____

Trip name: Weldmar Hospicecare Canadian Rockies Trek

Trip Dates: 31st August – 6th September 2019

1) Please state whether you suffer from or have ever suffered from any of the following conditions (please tick):

Do you suffer from (now or in the past) any of the following?	Please provide FULL details including medication used (if necessary, continue on a separate sheet)
1) Raised <input type="checkbox"/> or low <input type="checkbox"/> blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) Heart or circulatory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3) Epilepsy/ seizures / convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4) Psychiatric disorder(s) / depression? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5) Vertigo / balance disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6) Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Asthma <input type="checkbox"/> / lung conditions <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Joint <input type="checkbox"/> or back <input type="checkbox"/> injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15) Fractures <input type="checkbox"/> , tendon/ligament/ cartilage damage <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16) Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17) Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18) Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19) Allergies (e.g. hay fever <input type="checkbox"/> , dietary <input type="checkbox"/> , drugs <input type="checkbox"/> etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20) Hospitalised /surgery in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21) Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22) Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23) Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24) Do you take any medication not mentioned above? Yes <input type="checkbox"/> No <input type="checkbox"/>	

The following section should be completed by your doctor/physician if you have answered 'YES' to any of the questions on the medical form above.

The person named above will be participating in a 7-day trip during which time he/she will be subject to a variety of living conditions and daily exertion. The itinerary involves trekking for up to 8 hours per day for 5 days over rough terrain, carrying a rucksack between 4-6kg, and involving extremes of temperatures and climate. Participants will be camping, with food cooked over gas stoves or open fires. The event will be within 24 hours of hospital back up. With the above information and taking into consideration the medical history of the participant if there is any matter which you feel that The Different Travel Company Ltd should be aware, please supply details on a separate sheet. If you require any further details please contact The Different Travel Company Ltd on 0788 169 8623 or info@different-travel.com. ***I have read the above paragraph and agree that the participant's medical details are correct.***

Doctor's Signature: _____

Doctor's Name (Block Capitals Please): _____

Date: _____ Practice Address: _____

Declaration

Important – Please read carefully before signing

I confirm that all the information provided on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition and I give permission for my GP, consultant or specialist to release information pertinent to the challenge to The Different Travel Company if required.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip.

Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a certain level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best of The Different Travel Company's, and our local partners', ability however we cannot guarantee that food preparation will have taken place in a contamination free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Different Travel Company cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Different Travel Company in this respect.

I confirm that I have read and accept the terms and conditions (available on <http://www.different-travel.com/faq.php#thetours>) and undertake to abide by the rules and conditions. I confirm that I will verify with my current/future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Different Travel Company cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved. I understand that single and group photos may be taken of me during the challenge and I am happy for any photographs to be used for marketing and future publications.

Signed

Print Name

Date

Data Protection Your data will be held by The Different Travel Company and passed on to the suppliers of your travel arrangements. The information may also be provided to public authorities such as Customs or Immigration if required by them, or as required by law, and may also be used for statistical purposes in the future. Your booking details will be shared with Weldmar Hospicecare to provide you advice on fundraising specific to this trip. If we cannot pass this information to the suppliers necessary to make your travel arrangements, whether in the EEA or not, we will be unable to provide your booking. For our full privacy policy, please see <http://www.different-travel.com/privacy.php>

ATOL Protection This flight-inclusive holiday is financially protected by the ATOL scheme (ATOL 6706). When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. Please see our booking conditions for further information or for more information about financial protection and the ATOL Certificate go to: www.atol.org.uk/ATOLCertificate

Communication If you would like to receive marketing correspondence from The Different Travel Company, please tick here: If you would like to receive marketing correspondence from Weldmar Hospicecare, please tick here:
Your contact details will never be shared with third parties for marketing purposes.

TREKKER: THIS IS YOUR PAGE TO KEEP!

TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip. You must provide full details of your chosen travel insurance policy at the time of, or shortly after booking. Depending on your policy, **this may protect your registration fee** in the event of cancellation as well as protecting you during the trip. Your insurance policy must include airlifting / helicopter evacuation.

Campbell Irvine Direct policies have been specifically designed to cover unique trips. They offer comprehensive travel insurance policies, 24-hour Worldwide Emergency Medical Service is supplied, and you are automatically covered for activities such as manual work, trekking and extreme sports.

For details visit their website <http://www.campbellirvinedirect.com/differenttravel>.

FINANCES

Your registration fee of **£350** is non-refundable and therefore it is important to have travel insurance to protect you in the event of you cancelling.

Your participation in this event is subject to you fundraising a minimum of **£3,950** for Weldmar Hospicecare before departure. 75% of this total fundraising target (£2962) is due to be raised by 7th June 2019, and the remaining 25% (£988) by 10th August 2019.

COMMUNICATION

To retain our environmentally friendly aims of being as paper-free as possible, The Different Travel Company tries to keep all communication electronic (email and phone) so please ensure you have provided your details above **legibly**. Flight tickets and final tour information will all be sent by email unless specifically requested otherwise.

You will be provided with pre-tour information containing flight details and other information pertinent to the trip **8 weeks before departure**, once your minimum sponsorship has been paid to the charity. Flight e-tickets will be emailed to you **2 weeks before departure**.

If any of your details change (e.g. passport details, mobile number, postal address) between the time of the booking and departure you must inform us as soon as possible.

If you have any questions about the trip, the kit or would like advice feel free to get in touch with The Different Travel Company on info@different-travel.com!

We wish you all the best with your fundraising!
The Different Travel Company Team