

BOOKING FORM - Austrian Alps Tour 2018



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Full Name (as per passport): _____ **Date of Birth:** _____

Address: _____

State: _____ **Postcode:** _____ **Country:** _____

Home Phone: _____ **Work/ Mobile Phone:** _____

Home/ Work Email Address: _____

Passport Details

Number: _____ **Place of Issue:** _____ **Nationality:** _____

Emergency Contact's Name: _____ **Relationship to You:** _____

Home Phone: _____ **Work/ Mobile Phone:** _____

Medical History

Have you ever experienced high blood pressure? Yes / No

Have you or anyone in your family suffered from heart disease? Yes / No

Do you have any allergies? Yes / No

Do you currently have a physical injury or any medical condition which may affect your ability to participate safely in exercise or this tour? Yes / No

If Yes to any of the above, please provide details: _____

- Tour Dates:**
- 22nd June – 1st July 2018
 - 6th July – 15th July 2018
 - 3rd August – 12 August 2018

Pole Hire Required (\$60): Yes / No

T-shirt Size (please circle): XS S M L XL
(unisex sizing)

Accommodation Preference: Double Single

Dietary/ Special Requirements: _____

Payment:

I am making my \$500 deposit via:

- Direct Credit - BSB: 182 512, Account: 963 769 179, Name: Nordic Academy, Reference: *Your Name*

Terms & Conditions:

- I have read and understood the tour itinerary and declare that I am physically and mentally fit to participate in the tour. I will notify the tour leader immediately should there be any change to my condition before or during the tour.
- I will take out a suitable travel insurance policy for the participation in and the duration of this walking tour in Europe and provide details of this policy when requested.
- I understand that travel to and from the tour meeting point is my own responsibility and expense.
- I understand that the \$500 deposit to confirm my booking is non-refundable.

Liability Release:

I, the undersigned, am physically capable of and there is no undisclosed medical reason to prevent me from safely participating in the above specified walking tour. I am aware and promise to inform the Nordic Academy trainer/ guide/ instructor of any medical condition, previous physical injury, or advise them of anything (even if temporary) that may restrict me from participating safely in the tour. I willingly participate in this Nordic Academy tour at my own risk. I will not seek to penalise, prosecute or claim compensation from the organisers, presenters or participants of the tour for any injury, illness, loss or damage however caused to me arising directly or indirectly from my participation during the tour.

Signature: _____

Date: _____