

Astrobiology Grand Tour

Western Australia

18 - 28 June, 2013



Travellers Names as per passport		<i>Traveller 1</i>		<i>Traveller 2</i>	
Date of Birth					
Email contact					
Home Phone		Mobile Phone			
Postal Address					
Invoice Details <i>(if being paid by another party)</i>					
Current Position and Institution					
Personal Requirements	Bedding <input type="checkbox"/> Single Supplement <input type="checkbox"/> Twin Share (2 single beds, paired share) <input type="checkbox"/> Twin (2 single beds) <input type="checkbox"/> Double (queen or double bed – where possible)	Dietary <i>please provide details</i>		Mobility and Health Issues <i>please provide details</i>	
<i>Details required with final payment 1 May, 2013</i>	Insurance details <i>Company:</i> <i>Policy Number:</i> <i>Phone Contact:</i>	Flight Arrival Time <i>Time:</i> <i>Date:</i> <i>Airline:</i>		Flight Departure <i>Time:</i> <i>Date:</i> <i>Airline:</i>	
Deposit details: A deposit of \$400 per person per tour is required to secure your place on the tour. Please choose your preferred payment method below and return. On receipt of this booking form you will receive an invoice with the relevant payment details. Payment of this deposit is due within 10 days of the invoice being sent.					
Tour Participation	<input type="checkbox"/> x people AUD\$4690 pp <input type="checkbox"/> x single sup AUD\$375 pp	Payment preference		<input type="checkbox"/> BPay <input type="checkbox"/> Direct Deposit / Wire <input type="checkbox"/> Cheque	

Amount Per Person	Due Date	Conditions
Deposit: - \$400 per person - Medical Questionnaire	Open	Non refundable unless cancelled by operators
Final Payment + Insurance Details	Before 18 April, 2013	75% non refundable before 18 April, 2013
Late Bookings or amendments - \$100	On or after 18 April, 2013	100% non refundable

MEDICAL FORM



The purpose of this form is to allow us to adequately prepare for your participation on the Hamersley Field Trip. This information is strictly confidential.

Name..... Phone H..... W..... Mob.....

Address..... Postcode.....

Female Male (Please tick) DOB.....

Travel Insurance Provider..... Policy Number.....

Your Doctor..... Phone.....

1st Emergency contact:

Name..... Relationship..... Phone H..... W.....

Address..... Phone Mob.....

2nd Emergency Contact:

Name..... Relationship..... Phone H..... W.....

Address..... Phone Mob.....

Date of last tetanus inoculation? **(We strongly recommend you are current with your inoculations)**

Are you a Swimmer? **Y / N** (Swimmer indicates you can swim unassisted more than 100 metres)

Do you wear glasses or contacts? **Y / N** Do you have dentures / false teeth? **Y / N**

Detail any specific dietary requirements you have

Do you have any known allergies? **Yes / No** If yes, **what is the allergy and reaction?**.....

ALLERGIES - You must complete the Allergic Reaction management plan Part One and Two

Do you have asthma **Yes/ No** if yes, what is the trigger and the reaction?

ASTHMA - You must complete the Asthma management plan on the reverse of this form

Do you have any disabilities or illnesses? **Yes / No** (eg, diabetes, epilepsy, dyslexia, deafness, vision impairment, high blood pressure, heart and or lung condition, emotional behaviour disorders). Please give details.....

If yes to any of the above, have you ever been hospitalised for your condition. ? Please advise details.

Have you ever suffered from a stress related illness? **Yes / No** Please give details

Are you currently taking any form of medication? **Yes / No** If yes, detail name, dosage and frequency and for what condition

This medication MUST come away on program

Do you have any past injuries? **Yes / No** If yes, details please.....

Have you undergone surgery in the past 3 years? **Yes / No** If yes, details please including date and type.....

Are there any other medical conditions we should be aware of?

IMPORTANT NOTICE

Outdoor activities, by their nature, possess inherent risks. Certain additional risks and dangers may be encountered including; remoteness from normal medical services, physical exertion in rugged environments and extremes in weather.

Do any of your medical conditions impact on your capacity to perform strenuous physical exercise; or would be a risk when working at heights; or could any of your medical conditions pose a potential life threatening risk in the outdoor environment. YES/NO

If yes, please explain

Signed..... Date/...../.....
(For participants under 18 years of age please see PARENT or LEGAL GUARDIAN section on this page)

MEDICATIONS

It is common for Outdoor Spirit staff to carry the following medications in their first aid kits. Please specify if any of the following medications should not be given to you.

Panadol-500mg, Nurofen-200mg, Telfast-180mg, Imodium-2mg, Glucodin-50mg, Gastrolyte-5.2g, Ventolin-100mg, Senokot-7.5mg, Epi-pen-0.3ml

PARENT or LEGAL GUARDIAN

Parent/Legal Guardian..... Date/...../.....
(For participants under 18 years of age)

ASTHMA MANAGEMENT PLAN

To assist us in taking the appropriate precautions, it is important that we have the following information. This level of information is recommended as a minimum by the Asthma Foundation. Please see advice from your medical practitioner if necessary when completing this section and attach separate sheet is necessary.

Regular medication
Quantities and daily dosages
Additional medication to be taken during an attack (please specify name, dosage and reason)

(The medications listed above must be carried in the field)

Expected best Peak Expiratory flow reading (if known)
Peak Expiratory flow reading requiring extra medication (if known)
Peak Expiratory flow reading when advisable to seek medical assistance (if known)
Known trigger factors:

Other Details: (please fill out part two of allergic reaction management form)

Allergic Reaction management plan

The purpose of this form is to allow us to adequately prepare for your participation.

Seek the advice of your medical practitioner if necessary when completing this form.

Name:

Allergic To:

What are the signs and symptoms of the reaction?

.....
.....

Have you at any time in the past suffered from?

- **A localised reaction** (any rash, itching, swelling at the site the poison has entered)
- **A systemic reaction** (any rash, itching swelling away from the site where the poison has entered)
- **An anaphylactic reaction** (severe breathing problems, swelling of the body, emergency situation, loss of consciousness)

What medication do you take (if any) for prevention against an allergic reaction?

All medication for the sufferer's allergic reaction must be brought on the program and noted on the medical form.

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What treatment is followed if an allergic reaction occurs?

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.....

Allergic Reaction management plan

Six vital questions – (please answer by circling)

1. Do you suffer a systemic reaction to your allergy/asthma? **Yes / No**
2. Do you have an anaphylactic reaction to your allergy? **Yes / No**
3. Is there a family history of anaphylaxis? **Yes / No**
4. Have you ever been hospitalised due to an allergic reaction/asthma attack? **Yes / No**
5. Is adrenaline (eg adrenaline injection, epi-pen) administered when you suffer from an allergic reaction/asthma attack? **Yes / No**
6. Has oral steroid use been part of the treatment for you allergy/asthma? **Yes / No**

If **YES** has been answered to anyone of these 6 vital questions the following is mandatory:

Your medical practitioner must be consulted about your / their participation in the program.

Participation in the program will depend on full agreement by the Outdoor Spirit Coordinator and the Medical Practitioner.

The medical practitioner is to be advised of the following information:

- On wilderness programs the participant may be more than 4 hours away from medical/hospital treatment
- Outdoor Spirit staff has current first aid qualifications and carry Remote Area or Wilderness First Aid kit

ACKNOWLEDGEMENT & ACCEPTANCE OF RISK

INTRODUCTION

Part A is a Release and Indemnity Agreement, Part B is an acknowledgment and Assumption of Risks and Part C is a Medical Authority. In consideration of the service of Outdoor Spirit, its agents, owners, officers, employees, representatives, and all other persons or entities associated with it (collectively referred to as "Outdoor Spirit") I agree as follows:

Parent(s) or Legal Guardian(s) (hereafter collectively "Parent(s)") of any participating minor shall sign this agreement. "I", "me" or other first person references shall include both the parent and the minor, unless the content requires otherwise. References to "participant" include both minor and adult participants. The word "document" refers to the whole document, including the Introduction, Parts A, B & C.

PART A: RELEASE AND INDEMNITY AGREEMENT

I, and if I am a minor, my parent(s), for and on behalf of myself and my children, heirs, executors, administrators and representatives, **agree to release, indemnify and defend Outdoor Spirit** ("indemnify" meaning protect by reimbursement or payment), with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable legal fees), made or brought by anyone, including a co-participant, third party, my child, or any member of my or my child's family, arising out of any injury, damage, death or other loss in any way connected with my or my child's enrolment or participation in Outdoor Spirit activities or use of Outdoor Spirit equipment or facilities, however caused.

PART B: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

Engaging in Outdoor Spirit adventure activities involves certain risks. Although Outdoor Spirit has taken reasonable steps to provide participants with appropriate equipment and skilled staff, participants understand and acknowledge that there are risks, hazards and dangers associated with these activities. Some risks are inherent in these activities and cannot be eliminated or reduced. A variety of other risks also exist. **These inherent and other risks, hazards and dangers can cause injury, property damage, illness, mental or emotional trauma, disability or death.**

I understand Outdoor Spirit does not want to frighten me or reduce my enthusiasm for these activities, but believes it is important for me (and my parents, if I am a minor) to know in advance what to expect and to be informed of the risks. The following describes some, but not all of these risks, hazards and dangers:

- Risks involved in physical activity.** Outdoor Spirit activities include a variety of both indoor and outdoor physical activities.
- Risks present in an outdoor or wilderness environment.** These risks include travel in mountainous or wilderness terrain and on trails or routes that may not be maintained or controlled. While travelling in these areas, hazards may not be marked or visible. Weather is changeable and unpredictable; and dangers exist from lightning, rivers, creeks, falling rocks, fallen timber, beehives, wild animals and other natural hazards.
- Risks in decision-making.** Outdoor Spirit staff must make various judgments and decisions as they conduct educational and/or adventure activities in changing environments. These judgments and decisions are, by their nature, imprecise and subject to error. Consequently, there are risks involved in instructor decision-making and conduct including, without limitation to, the risk that a Outdoor Spirit representative may misjudge weather, terrain, water level, river and/or terrain route location, or misjudge medical treatment.
- The risk that equipment used** in an activity may break, fail or malfunction, despite reasonable maintenance and use.
- Risks connected with geographic location.** Outdoor Spirit activities may take place in remote places, several hours or days from any medical facility, where communication and transportation are difficult and where evacuation and medical care may be delayed.
- Risks regarding conduct.** Risks include the potential that the participant, or other participants or third parties (eg rescue squad, hospital) may act carelessly, recklessly or generally fail to exercise care.
- Risks associated with travel.** Travel can be by vehicle, foot, or other means and can be over rough, mountainous and unpredictable terrain or via river beds, in rain or other adverse weather conditions.
- Such other risks, hazards and dangers** that are generally associated with educational and/or adventure activities. Throughout the course, during both supervised and unsupervised activities, all participants are responsible for their own safety. These and other risks, hazards and dangers which may result in participants (for example) falling, being stuck, colliding with objects or people, experiencing vehicle collision, and weather conditions. These and other circumstances may cause hypothermia, dehydration, frostbite, drowning, heart or lung complications, broken bones, concussion, wounds, or other injury or illness, mental trauma, disability or death.

I **understand** that the above description of risks is not complete and that other unknown or unanticipated risks, hazards and dangers may result in injury, damage, death or other loss. I **acknowledge** that in participating in these activities I have responsibilities as a participant. I **represent** I have no mental or physical problems or limitations that might compromise or affect my ability to participate in Outdoor Spirit activities which have not been disclosed to Outdoor Spirit. I **represent** I am fully capable of participating in these activities without causing harm to others or myself. I **acknowledge** that Outdoor Spirit staff is and have been available to answer my questions about the nature and physical demands of these activities and the risks, hazards and dangers associated with these activities. I understand that the presence of Outdoor Spirit personnel is no assurance of my safety or the lessening of any of these risks.

My participation in these activities is purely voluntary and I choose to participate in spite of and with knowledge of the risks. Therefore, I, and my parent if I am a minor, assume and accept full responsibility for me, for these risks identified here and for those risks not identified, and for injury, death, property loss or expenses suffered by me and them, resulting from those risks, and resulting from my own negligence.

PART C: MEDICAL AUTHORITY and MISCELLANEOUS MATTERS

I authorise Outdoor Spirit personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorise Outdoor Spirit staff or other medical personnel to render such treatment they deem necessary for me/my child's health. I agree that Outdoor Spirit has no responsibility for medical care provided to me/my child, and I agree to pay all costs associated with such care. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable mediator. Any portion of this document deemed unlawful or unenforceable shall not affect the remaining provisions of this document, and those remaining provisions shall continue in full force and effect.

I have carefully read and understood this document. I acknowledge that there are dangers involved and participation is voluntary. I agree to pay attention to instructions and follow directions. I acknowledge that I MUST BE RESPONSIBLE for my own safety at all times. All adults must sign for themselves and on behalf of their children/minors.

Participant Signature: _____

Date: _____