**ARCTIC WILDERNESS PERSONAL DETAILS FORM**

A copy is to be completed and returned by each individual taking part in the Arctic Wilderness Weekend. ***Please note: an electronic signature (i.e. your name typed out in the signature field) will suffice.***

By signing this form, you agree to our [Terms & Conditions](https://secretadventures.org/terms-and-conditions/) and accept the Disclaimer (found at the bottom of this document).

Signed:

Date:

**Personal Details:** (All details should be for the person traveling)

Full name (as it appears on your passport):

Date of Birth: Male/Female:

Address:

Email:

Mobile: Tel:

**Dietary Requirements:**

(Please note, options are extremely limited during this expedition but we will do our best to cater for allergies and other dietary requirements)

**Clothes Size:** Women Men

UK/European Shoe Size: Height:

**Passport Details: (we ask for these details in case of emergencies only)**

Passport No: Nationality:

Place of Issue: Date of Issue:

Date of Expiry: Country of Residence:

**Emergency Contact Details: (only used in case of emergency)**

Full name: Tel No:

Relationship: Mobile No:

**Insurance:**

Travel insurance cover is not included in the price of the expedition. All participants must obtain adequate travel insurance for driving your own dog sled. This is also recommended to cover Cancellation should you not be able to travel as this tour is non-refundable and non-changeable.

Please provide your insurance details: (for use in emergency only)

Insurers Name: Policy No:

24-hour Medical Emergency telephone number:

In the event of an accident or illness while on the trip, I hereby give permission for the Tour Guide to initiate medical treatment, informing my Insurance Company and to inform my Emergency Contact in case of hospitalization. I understand that failure to inform my Insurance Company of any pre-existing medical conditions may invalidate my insurance and may result in me being fully responsible for any medical repatriation and other expenses incurred after an accident abroad.

**Flights & Transfers:**

Transfers to/from the airport/train station/Kiruna town are included.

Arrival date (Kiruna): Time: by Plane/Train

Depart date (Kiruna): Time: by Plane/Train

I have extended my stay and would like a pick up/drop off (please delete as appropriate) at a Kiruna hotel called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (price included only at transfer times)

**MEDICAL QUESTIONNAIRE**

(Treated as Confidential when completed)

Due to the adventurous nature of our expeditions it is essential for us to gather information about your medical history and current state of health. This will be treated in the strictest confidence and any declarations made on this form will not necessarily adversely affect your chance to participate in the Tour. However, we may ask that you seek permission from your Doctor before participating and we reserve the right to refuse participation where we feel that the safety of you, or the group, could be compromised.

1. **Do you suffer or have you ever suffered from**: (delete as appropriate)

Last 12 Months

|  |  |  |
| --- | --- | --- |
| Heart trouble and/or blood pressure problems? | YES/NO | YES/NO |
| Asthma, bronchitis and/or shortness of breath? | YES/NO | YES/NO |
| Diabetes? | YES/NO | YES/NO |
| Epilepsy and/or fainting attacks? | YES/NO | YES/NO |
| Migraine? | YES/NO | YES/NO |
| Severe head injury? | YES/NO | YES/NO |
| Back problems? | YES/NO | YES/NO |
| Allergies (inc. any food, stings and medication allergies)? | YES/NO | YES/NO |
| Fractures, tendon, ligament, cartilage damage? | YES/NO | YES/NO |
| Physical or other disability? | YES/NO | YES/NO |
| Psychiatric or mental illness? | YES/NO | YES/NO |
| Have you been hospitalized within the last two years? | YES/NO | YES/NO |
| Are you suffering from or a carrier of any infectious diseases? | YES/NO | YES/NO |
| Are you registered as disabled? | YES/NO | YES/NO |

**2. If you have answered yes to any of the above questions, or suffer from any medical condition not listed above, please give details below (use a separate sheet if required)**

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**3. Have you ever suffered from Asthma?** Yes/No

If you answered yes to question 3, please give details below. If you answered no, please go to question 4.

a) When was the last time you needed hospital treatment?

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b) When was the last time you needed steroid tablets?

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c) What medication/inhalers do you use?

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**4. Do you currently use any form of medication regularly?** Yes/No

If yes, please give details below:

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**DISCLAIMER**

**We only use experienced Guides and provide high quality dog sled equipment and outer clothing for weather protection.** However, as a participant of a dog-sledding expedition, you must understand that you are partaking in an adventurous holiday and may be exposed to certain dangers and risks specific to travel in the Arctic and by driving your own dog sled, including but not limited to:

(a) Arctic weather conditions that can change rapidly and without warning;

(b) Low temperatures that can have rapid and adverse effects on the human body (such as hypothermia and frostbite);

(c) The remoteness of the expedition from roads and modern facilities creates additional risks. Medical conditions that do not normally pose a serious threat to health or safety where medical treatment facilities are readily accessible may be exacerbated by the logistical delays involved in obtaining medical treatment at a formal facility in Kiruna or other nearby town;

(d) Encounters with wildlife such as (but not limited to) reindeer and moose/elk, as well as the tour dogs;

(e) Accidents involving members of the group and/or the dogs, whether caused by you or another member of the group.

By signing above, you acknowledge that the enjoyment and excitement of adventure travel to the Arctic region is derived in part from participation in activities in an extreme environment far from the facilities of modern civilization and that the inherent risks of travel in this environment contribute to such enjoyment and excitement, and you accept these risks and give up your right to sue Secret Adventures, or it’s suppliers, under these circumstances.