



For People With Multiple Disabilities

APPLICATION FORM

AFRICAN DESERT AND MOUNTAIN TREK

Sat 29th September – Sat 6th October 2012

I apply to take part in the above Trek. I undertake to abide by the conditions and rules of the event.

I enclose my registration fee of £175 (cheques payable to Parity for Disability). *This amount is non-refundable.* I understand that I am asked to pay £650 of the total sponsorship to Parity by Friday 27 July 2012, and the final £650 in sponsorship by Friday 7 December 2012.

PERSONAL DETAILS

Title Surname Forenames

Age (min. 18) Address

..... Post Code

Tel. Home Tel. Work

Please List All Food/Medical/Other Allergies and Intolerances:.....

.....

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PASSPORT DETAILS (passport must be valid until May 2013)

Date of Birth Place of Birth

Date of Issue Nationality Passport No

Date of Expiry Occupation

Father's Name Your Marital Status

Name & Tel. No. of Next of Kin

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HOW FIT ARE YOU?

The Trek will be a tough adventure, but within the abilities of most people. We will give you all the information you will need to get fit to enjoy the event.

CONDITIONS OF ENTRY

If you have any medical condition that could be affected by strenuous walking (you will only have to carry a day rucksack with camera, waterbottle etc) or you are over 65, you must get written clearance from your doctor.

You will need to check with your GP and obtain the appropriate immunisation for your trip to Morocco.

You must be covered by travel insurance which should include cover for helicopter rescue and emergency repatriation.

Full compliance with the Trek leaders' safety and other instructions during the Trek is required. Participants taking part in the Trek do so at their own risk. Parity for Disability and Ross Ashe-Cregan cannot be held responsible for loss or damage to personal effects, accident, injury or death howsoever arising.

Under the Data Protection Act you may let us know at any time if you no longer wish to receive mailings from Parity for Disability.

All funds raised should be made payable to Parity for Disability.

I accept these conditions of entry.

Signature

Date

