



Information form for participants:

Please send this complete and signed form until latest 4 weeks before the course to our e-mail for
Baad: caroline.haberland@outwardbound.de, Schwangau: marius.ballweg@outwardbound.de
Kröchlendorff: christoph.hinkel@outwardbound.de

Name	Female/ Male	Date of Birth
Address	County	
Phone/ Mobile	e-Mail	Insurance
Summer Camp 2020		
Location, Course type and Date		

Sportive self-assesment: (PLEASE fill in)

Can hike with a backpack (ca. 5kg): <2h 2h 4h 6h >6h
Swimmer: yes no
Bicycle riding: basic advanced professional
General physical condition: weak okay trained

Notes:

Food Allergies/ Dietary Needs (Please notice that the given information do apply for the whole course duration)

- Vegetarian
- No pork
- Lactose intolerance
- Gluten intolerance
- Allergies (and how severe they are): _____
- Other: _____

Additional information:

The complete and signed medical questionnaire is a requirement to participate in our courses. With their signature participant and parent/ guardian confirm the truth and completeness of the indications on the medical questionnaire and of the physical and mental fitness.

During the program OUTWARD BOUND is liable within the limits of the legal liability for personal or material damages, in case they are fault of the organizer or the fault of a person charged with the lead. A liability of the organizer for financial losses is barred. Except where the damage is based on intentional or reckless violation of the contract through the organizer, a legal representative, a subcontractor of the organizer or of the violation of the contractual cardinal duty.

We recommend to check the service of your insurance coverage, in case the course or parts of the course will take place abroad. We recommend if necessary to take out travel cancellation insurance to avoid costs in case of a withdrawal from the course.

OUTWARD BOUND Germany gGmbH is allowed to use the contact information (e-mail) to inform you about our further courses and offers (once, maximum twice/ year):

- Yes, I would like to be informed.
- No, I do not want to get further information.

I hereby declare, that all my answers are true and no important information was undisclosed.

Place and date	Signature student	Signature parents/ guardians
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Medical Questionnaire of: -----

OUTWARD BOUND's camps include certain sports activities. There is a certain level of fitness necessary for all participants. Handicapped people or people with a medical problem can take part in a camp if OUTWARD BOUND knows about these and can take special care of these people or adjust the program accordingly. Please carefully fill in the following health statement and do answer every question. These information will not be shared with third parties and serves only to protect the health of the participant. **Thanks for your support!**

Have you ever had or do you have...	YES	NO
... heart trouble, heart issues, high or low blood pressure?		
... athletic injuries, bone fractures or trouble with your spine?		
... asthma, bronchitis, tuberculosis or analogical disorders with your respiratory ducts?		
... diabetes or any metabolism disease ?		
... epilepsy, pass outs, migraine or strong headaches?		
... nervous diseases or perception disorders?		
... allergies (e.g. against medications, insect bites, ...? "Allergy pass" available? (Food see p.1)		
... sprains (e.g. shoulder), fractures (e.g. arm, lower leg)?		
... any infectious diseases?		
... nightly habits? (sleep walking, disorientation, ...)		
... been treated by a doctor or in hospital for a serious injury/ illness within the last 2 years? If yes, are there any restrictions? (Please explain below.)		
... to take medication at this time? (Please explain below.)		
... psychological or physical therapy?		
Do you give permission to our team to remove a tick by experienced staff members?		
Other:		

If you have answered "yes" to any of the questions above, please explain in the space provided and talk to our staff:

Date of your last tetanus vaccination (if known): _____ Blood group (if known): ____

Name and phone number of your medical practitioner (at home):

Contact number: _____ Name: _____

We confirm that we will be reachable during the course in an emergency with one of these contact numbers:

Contact number 1: _____ Name: _____

Contact number 2: _____ Name: _____

I hereby declare, that all my answers are true and no important information was undisclosed.

Place and date

Signature student

Signature parents/ guardians

<p>If you are not sure that you can attend this training due to your condition, please consult a doctor and have him review this medical statement. Please notice: attending our courses is on your own risk. Thank you!</p>
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