

Wilderness Therapy Application Form

Name: _____
 Address: _____
 _____ Postcode: _____
 Home phone: _____ Work phone: _____
 Mobile phone: _____
 Email address: _____
 Gender: Female Male Date of Birth: _____

Date of program you have applied for: _____

In case of emergency, please contact:

Name: _____
 Address: _____
 _____ Postcode: _____
 Home phone: _____ Work phone: _____
 Mobile phone: _____

Acknowledgment of Use of Images

I _____ (full name), hereby acknowledge that the photographs and other images described below as the "images," have been taken on behalf of the Tasmanian Government. I accept that the Tasmanian Government may deposit images in its "Communications Image Library" and may be used in print publications, on the World Wide Web, for promotional purposes or for purposes related to the activities, programs and services of the Tasmanian Government. The images taken by Wilderness Program staff, comprise participant activities undertaken during the wilderness program in which I participated.

Signed: _____ (participant)

Date: _____

Medical Information

Doctor's name _____
 Doctor's phone number: _____

Do you have any medical conditions requiring regular or intermittent medications or injections? _____
Arthritis Heart disease
Epilepsy Diabetes Attention deficit hyperactivity disorder
Bleeding condition Kidney disease Asthma Other (please state) _____

If you have any intermittent or regular medications, state the drug name, dosage and frequency of usage? _____

Describe what happens to you if you fail to take your medication?

Do you have enough medication to bring with you to last the length of the program? _____

Do you have any medical conditions not requiring medication?
Eating Disorders; Others (please state): _____

What drugs are you allergic to? Penicillin Morphine Others (please state): _____

What substances or foods are you allergic to?

Please describe any disabilities? _____

Describe any fears or phobias? _____

When was your last tetanus injection? Within the past: 2 years
5 years Unsure.

Can you swim? _____

Do you have any special dietary requirements? _____

Height: _____ Weight: _____

Assumption of Risk & Consent

I _____ (full name), am aware in signing this Assumption of Risk document relating to participation in this Wilderness Program activity that certain elements of the program are physically and psychologically demanding. The program includes activities such as bush walking, rock climbing, abseiling, caving and kayaking in remote bush areas.

Furthermore I understand that certain risks and dangers such as those listed below exist in the activity in which I will be participating. These risks include but are not limited to loss or damage to personal property, injury or fatality due to bad weather, slipping, falling, insect bite, cold exposure, or suffering any type of illness or injury in remote areas without easy access to medical facilities or while travelling to and from activity sites.

I acknowledge that while the Wilderness Program and its staff will make every reasonable effort to minimise the exposure to known risks, not all dangers associated with these activities can be foreseen. Furthermore I understand that the Wilderness Program cannot be held responsible for risks and dangers that may arise as a result of my failure to provide complete and accurate medical information.

I have a personal duty and responsibility to learn and to follow guidelines and procedures established by my facilitators and I undertake to inform them at any point during the activity should I not understand what is expected of me or should I not wish to further participate in the activity. I am aware that if at any stage I choose not to continue the activity for any reason whatsoever I may cease to participate. I give my consent to all parties associated with the program to provide or arrange for provision of medical treatment should the need arise.

Signed: _____ (participant)

Date: _____

Booking

To secure a booking please forward a \$100 deposit with your completed application form. Full fees are due two weeks before the course commences. Post to:

Administrative Officer
 The Wilderness Program
 PO Box 943
 Rosny Park, TAS 7018.

Note: Cancellation within four weeks of the commencement date will result in loss of deposit. Cancellation within two weeks of the commencement date will result in the loss of all fees paid. Full refund of fees will be made on provision of a medical certificate or other valid reason for late cancellation.

