

Personal Indemnity Waiver

Endurancelife

Please read, date, and sign this form

Please write your participant number here. This will be emailed to you 48hrs (approx) before the event.

In consideration of the acceptance of my application for entry, I hereby freely agree to make the following contractual representations and agreements.

I fully realize the dangers of participating in the Endurancelife event and fully assume the risk associated with such participation, including but not limited to the following dangers; exhaustion, collision with pedestrians, vehicles, other participants and fixed or moving objects, sliding down hills, falling rocks, dangers arising from other surface hazards, equipment failure, weather conditions, animals, the possibility of physical and or mental trauma and injury including death.

I fully understand the dangers of participating in the Endurancelife event and I understand that there are more hazards than are enumerated here, and that there are unknown and unforeseeable hazards. I engage in the event with knowledge of the inherent risks of injury.

I agree to abide by the rules and conditions laid down for the event and to follow instructions issued by the organisers' officials. I understand that circumstances beyond the control of the organisers may cause the event to be modified, postponed or relocated. I accept that the organisers reserve the right to refuse entry from persons considered to have insufficient experience or disqualify those who fail to follow the rules and conditions: ignorance is no excuse. I agree that my name, voice or picture may be used by the organisers and their sponsors for promotional purposes. I confirm that the details written about me on this entry form are true.

I understand the risks involved in this event and I have carefully read, understand and voluntarily accept the terms of this waiver and release agreement.

I, for myself and my heirs and executors, hereby waive, release and forever discharge Endurancelife Limited and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.

I understand that the entry fee will be non-refundable and non-transferable, unless agreed in writing by Endurancelife Ltd. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Name :

Event :

Signature:

Date:

Endurancelife - Medical Questionnaire

The information on this questionnaire will be seen by Endurancelife staff only. In some circumstances the form may be shown to our medical adviser. Except as directed by your own doctor, no medical condition or handicap will be an automatic bar to your joining a course or activity, however it is important for our personnel to know about such conditions which may adversely affect the successful completion of its aims and your enjoyment of it.

These questions have been designed to provide information that will be helpful to us in any medical situation in which you may be involved. It is for this reason that you are required to complete this form fully and advise the organisers of any changes in your health or fitness between now and the start of your course/activity. **You must also inform us verbally of any conditions, as well as completing this form.**

1. Name:
2. Date of Birth:
3. Height + Weight:
4. Have you been investigated or treated by a consultant for any illness, physical or mental in the last 5 years? **Yes / No**
If yes give details:
5. Do you suffer from any disability that could affect your performance or enjoyment on the course/activity? **Yes / No**
If yes give details:
6. Do you take, or have you been advised to take any treatments regularly? **Yes / No**
If yes please give details (drug name and dose)
7. Do you react adversely to any medication or medical treatment? **Yes / No**
If yes give details:
8. Do you have to avoid any food, household products, toiletries, insects, plants or animals due of allergy intolerance? **Yes / No**
If yes give details:
9. Do you suffer from any condition which affects your mobility, strength or fitness? **Yes / No**
If yes give details:
10. Do you anticipate any changes in your medical condition/fitness before the expedition/course/event (e.g. planned changes; medication, operations etc.)? **Yes / No**
If yes give details:
11. Please add here any other information concerning your health and your participation on the course/activity which has not been covered by the above questions:

I declare that the information given above is to the best of my knowledge and believe it correct and complete.

Print Name: **Date:**

Signature:

If you are under 18 years of age, your parent or guardian must sign below:

Signature of parent or guardian:

Please be aware that you may be required to obtain a "certificate of fitness" from your doctor. You will be advised if this is necessary. **If there is not enough room for any of your answers you must use the blank space on the reverse side of this form.**