



**ADVENTUROUS JOURNEYS  
IN THE RUAHINE AND KAWEKA RANGES**

**HAWKES BAY, NEW ZEALAND**

[www.afoot.co.nz](http://www.afoot.co.nz)

Proud to deliver

**THE DUKE OF EDINBURGH'S  
INTERNATIONAL AWARD**



**Name:** .....

**Date of Birth:** .....

**Address:** .....

**Nationality:** .....

**Email:** .....

**Cellphone:** .....

**Emergency contact email:** .....

**Emergency contact cellphone:** .....

**Emergency contact name:** .....

**Consent**

- I agree to taking part in the journey and have received sufficient information on which to base a decision.
- I agree to participation in the activities described. I acknowledge the need to behave responsibly.
- I understand that this event will incur charges from Afoot Ltd and agree to their prompt payment.

**Acknowledgement of Risk**

- I have read the journey information and I understand that there are risks, hazards and dangers associated with involvement in the event and that these risks cannot be completely eliminated.
- I understand that Afoot Ltd will identify any reasonable foreseeable risks and hazards, and implement correct management procedures to eliminate or minimise these. However, I do hereby release Afoot Ltd from any claims, demands and causes of action arising from partaking in the event.
- I understand that I have been briefed in the safety procedures and I will do my best to ensure the party follows these procedures. I know that I am able to ask any questions of Afoot about the activities I will be involved in to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. I understand that I may withdraw from an activity if I feel at risk. This must be done in consultation with the person in charge.
- I understand that Afoot does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.
- I understand that Afoot may use photographs from the journey for its marketing purposes.
- I have updated the medical information below to the best of my knowledge and understand that this is collected for health and safety reasons. I understand that this information may be retained but that I can ask for a copy, or ask for it to be corrected, by contacting Afoot Ltd.
- I hereby waive any and all claims which I may have against Afoot Ltd and release them from all liability for injury, death, property damage or any other loss sustained as a result of my participation in the event due to any cause whatsoever.

**Name:**

**Signature:**

**Date:**

Afoot Ltd  
430 Tukituki Road, RD10, Hastings 4180  
00 64 27 4518067  
graham.leech@afoot.co.nz

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<p><b>1 Please tick if you have any of the following:</b></p> <p><input type="checkbox"/> Migraine  <input type="checkbox"/> Epilepsy  <input type="checkbox"/> Asthma  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Travel Sickness  <input type="checkbox"/> Fits of any type  <input type="checkbox"/> Chronic nose bleeds  <input type="checkbox"/> Heart Condition  <input type="checkbox"/> Dizzy Spells  <input type="checkbox"/> Colour Blindness  <input type="checkbox"/> Other – Please specify</p> <p>.....                  .....</p> <p><b>2 Medical Alert Number</b> (if applicable)</p> <p>.....                  .....</p> <p><b>3 Date of last tetanus injection?</b></p> <p>...../...../.....</p> <p><b>4 Are you currently taking medication?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please state                  ailment/s</p> <p>.....                  .....</p> <p>Name of medication/s</p> <p>.....                  .....</p> <p>Dosage &amp; time/s to be taken</p> <p>.....                  .....</p>	<p><b>5 Have you had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p><b>6 Are you allergic to any of the following?</b></p> <p>Prescription medication</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Food</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Other allergies</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Treatment required?</p> <p>.....                  .....</p>	<p><b>7 Outline any dietary requirements?</b></p> <p>.....                  .....</p> <p><b>8 What pain/flu medication may you be given if necessary?</b></p> <p>.....                  .....</p> <p><b>9 To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....                  .....</p> <p><b>10 Is there any other information that staff should know to ensure your physical and emotional safety?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....                  .....</p> <p><b>11 Have you been fully vaccinated against Covid-19?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>
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