Carpathian Wolf Watch:

White Wilderness

**Booking & Consent Form**

**Participant’s details**

|  |  |
| --- | --- |
| Full name: | Enter your full name. |
| Address: | Enter your address. |
| Telephone: | Telephone number. | Mobile: | Mobile number. |
| Email address: | Email address. |
| Date of birth: | dd/mm/yyyy. | Gender: | Gender. |
| Dates of participation: | Specify the week(s) you would like to participate. |
| Dietary requirements: | Mention any special dietary requirements (e.g. vegetarian). |
| Medical conditions: | Please tell us about any medical conditions for which you will be taking medication or which may affect your participation. |

**Emergency contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: | Enter full name. | Relationship to you: | Click or tap to enter. |
| Telephone: | Telephone number. | Mobile: | Mobile number. |

**Declaration:**

I understand that in consideration of participating in White Wilderness and that by signing this form, I am declaring that:

1. I have read and agree with the Terms & Conditions of participation;
2. I am of sufficient physical fitness to participate in White Wilderness;
3. I agree to abide by the safety policies as set out by the Slovak Wildlife Society;
4. I recognise that White Wilderness has inherent risks, including injury and possible loss of life;
5. The Slovak Wildlife Society and its agents will not be liable to me now or at any time in the future for any loss, expense, damage or claim that I might have against them for any damage to my property as a result of my participating in White Wilderness, and;
6. I will take out adequate medical and travel insurance in respect of my participation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:**  | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |

When completed, please email this form to info@slovakwildlife.org

or print and post to: SWS, P.O. Box 72, Liptovský Hrádok 033 01, Slovakia.