

TREKKING ADVENTURES BOOKING FORM

ADVENTURE DETAILS	
Adventure name	WALLS OF JERUSALEM
Proposed date	JAN 21 ST – 26 TH 2021

PERSONAL DETAILS	
Name	
Mobile	
Address	
Email	
DOB	

EMERGENCY CONTACT DETAILS	
Name	
Relationship	
Mobile	
Email	

<i>Enter Yes or No</i>	YES	NO
Do you have any special dietary requirements/ allergies? If yes, please provide details:		

HEALTH CHECK

<i>Enter Yes or No</i>	YES	NO
Do you have a pre-existing medical condition? If yes, please provide details:		

Item #	Item	<i>Enter Yes or No</i>	YES	NO
1.	Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?			
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?			
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?			
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?			
5.	If you have diabetes (type I or type II), have you had trouble controlling your blood glucose in the last 3 months?			
6.	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?			
7.	Do you have any other medical condition (s) that may make it dangerous for you to participate in physical activity/exercise?			

IF YOU ANSWERED **YES** to any of the 7 questions above, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.

IF YOU ANSWERED **NO** to all 7 questions above, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise.

Signature : _____

Date : _____



Sterling Results Fitness Club
Willoughby, NSW 2068
ABN: 22103553493
Phone: 1800101737
Email: fitness@sterlingresults.com.au

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS FOR PARTICIPANTS IN HIKEFit or TREKKING ADVENTURE PROGRAMS

HIKEFit / TREKFit Programs are operated by Sterling Results Fitness Club, which is wholly owned by Sterling Results Pty Ltd, and may from time to time include special programs conducted by third parties.

By participating in activities as part of the HIKEFit / TREKKING ADVENTURE Programs, I am aware that my participation in these activities may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property.

To minimise these risks, I will ensure that:

- Each activity I participate in, is within my capabilities;
- I am carrying food, water and equipment appropriate for each activity;
- I have advised the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in each activity.

In addition:

- I will make every effort to remain with the rest of the party during the activity and accept instructions from the leader;
- I understand that it is at the discretion of the leader on the day as to whether I participate in the activity whether that be Sterling Results Pty Ltd or a third-party operator;
- I have read and understand these requirements and I have considered the risks before signing this Risk Waiver and, I still wish to join this activity.
- I accept that in signing this form I am waiving my rights to sue the leader, Sterling Results Pty Ltd and other participants;
- I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the Sterling Results Fitness Club.

(In order to meet the requirements of our Insurance Contract it is required that all participants on a HIKEFit / TREKKING ADVENTURE Program activity be asked to sign this form.)

HIKEFit Participant

Print
Name:

Signature:

Date:

Sterling Results Fitness Club

Print Sonia Wray
Name: *Founder & Head Trainer*

Signature: *Sonia Wray*

Date: 21/08/2020



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HIKEfit/ TREKKING ADVENTURES	Walls of Jerusalem + Cradle Mountain	Fee
NAME		
TOTAL AMOUNT		\$1600

Require minimum 6 hikers.

A deposit of \$500 is required with Booking , if minimum numbers are not achieved, the price may vary or the trip cancelled and a refund will be provided.

Remaining balance can be paid over 2 x \$550 instalments. Dec 10th / Jan 10th

DIRECT DEBIT DETAILS:

Account name: Sterling Results
 T/A Sterling Results Pty Ltd trading as Sterling Results Fitness Club
 ABN: 22103553493

Bank: Westpac, Crows Nest
 BSB: 032298
 Account Number: 193373

CREDIT CARD DETAILS

Please circle VISA MASTERCARD AMEX

CARDHOLDERS NAME: _____

AMOUNT: _____

CARDHOLDER'S NUMBER: _____

EXPIRY DATE: _____ CCV _____

SIGNATURE: _____