TBOM TOURISM
TAKE BACK OUR MOUNTAINS TOURISM CAPE TOWN
South Africa

TAKE BACK OUR MOUNTAINS TOURISM (PTY) LTD
COMPANY REG NO: 2024 / 017152 / 07
Contact Details: 073 6244287
admin@takebackourmountains.com

ENROLLMENT FORM

Participant information:

Full name: …….

Date of birth (DD/MM/YYYY) ……..

Gender: Male
Female
Other

Email address: …….

Phone number: ……

Emergency contact: ……

Health Information:

1. **Do you have any pre – existing medical conditions (yes/no) if yes, please specify:**

   ……

2. **Do you have any physical limitations or restrictions (yes/no) if yes, please specify:**

   ……

3. **Are you currently on any medication (yes/no) if yes, please specify:**

   ……

4. **Do you belong to a medical aid: (yes/no) if yes please provide medical aid details:**

   ……

General information:

1. **How often do you hike or run: …….**

2. **Name the last hike that you completed ……**

3. **Date of last hike: …….**

4. **What was your most longest day hike and how long was the hike:**

   ……

Waiver and consent:

By signing this form, I confirm that I am physically fit for the hike and understand the risks involved in outdoor activities. I agree to follow all safety instructions provided by the guide. I understand that TBOM Tourism will take all necessary precautions, but I release them from liability in case of any injury or accident.

Signature of participant: **Date:**

……. **…….**