

Expedition Medicine Short Course
Arm River Camp 2010

Declaration

I declare that:

- 1 I have read, understood and accept the contents of the risk management document.
- 2 I have a fitness level that allows me to undertake an overnight bushwalk carrying my own equipment.
- 3 I am prepared to bivouac in a snowy, high mountain environment.
- 4 Either:

a) I have no medical or health related conditions that may be affected by participation in this course, or

b) I have outlined below any medical or health related conditions that may be affected by participation in this course*.

* delete as applicable

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All medical information will be treated in strictest confidence.

Signed:

Name (printed):