



## Medical Form

Full Name -  
Date of Birth -  
Booking Reference -  
Blood Type -  
Insurance Provider -  
Insurance policy number -  
Insurance contact phone -  
Emergency contact name -  
Emergency contact phone -

I attest I am in good general health, and capable of performing normal activities on this adventure activity.

I further attest that I am capable of caring for myself during, and that I will not impede the progress of the tour or the enjoyment of others aboard.

I understand that this expedition will take me far from the nearest medical facility and that all members must be self sufficient.

With that understanding, I certify that I have not been recently treated for, nor am I aware of, any physical or other condition or disability that would create a hazard to myself or other members.

I agree that should there be any change to the information I have given herein or to my physical or medical condition that I will notify Monkey Adventures and, if requested, provide an upto date version of this completed form.

I agree that any failure to provide full and complete medical information to Monkey Adventures may result in the cancellation of my booking without further compensation payable to me for any loss.

I declare the answers to the above questions are true and complete.

I agree to this information being made available to Monkey Adventures.

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(Signature)

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Date