Nature Travel Office

Adventure Registration Form

Basic Information

Adventure name: _____

Adventure date: _____

Personal Information

Full name: _____

Date and place of birth: _____

Address of residence: _____

ID card/passport number: _____

E-mail address: _____

Phone number: _____

Health Condition and Special Needs

Do you suffer from any medical conditions or have you had surgical procedures? If YES, please specify:

_____

_____

_____

Allergies, special diet, medications you are using:

_____

_____

Previous Experience and Expectations

Your previous experience in nature/outdoor activities:

How did you hear about Nature Travel Office?

Are you a member of a mountaineering club? If YES, please specify which:

Consent

I confirm that all the information provided is correct and that I understand that I am responsible for my own participation.

I agree that the organizer may use photos and video material taken during the adventure for promotional purposes.

I consent to the processing of my personal data in accordance with the Law on Personal Data Protection.

Place and date:

Participant's signature:

For underage participants, parent/guardian's signature: