|  |  |  |
| --- | --- | --- |
|  | **PERSONAL DETAILS** |  |
| **CLIENT NAME:** |  |  |  |
| **CONTACT NUMBER:** |  |  |  |
| **AGE:** |  |  |  |
| **ANY HEALTH CONCERNS:** |  |  |  |
| **EXPERIENCE LEVEL (with activity & area):** |  |  |  |
| **EMERGENCY CONTACT PERSON:** |  |  |  |
| **EMERGENCY CONTACT NUMBER:** |  |  |  |
|  | **DESTINATION DETAILS** |  |
| **DESTINATION:** |  |  |  |
| **KNOWN HAZARDS:** |  |  |  |
| **ESTIMATED RETURN TIME:** |  |  |  |
|  | **OTHER DETAILS** |  |
| **WEATHER / ENVIRONMENTAL FACTORS:** |  |  |  |
| **SAFETY GEAR CARRIED BY GROUP:** |  |  |  |
| **EMERGENCY COMMUNICATION PLAN:** |  |  |  |