



## HEALTH STATEMENT and PARTICIPANT REGISTRATION FORM

In order to make your Slow Down Tours experience the best that it can possibly be, we require you to complete this Health Statement Form and email it to [info@slowdowntours.com](mailto:info@slowdowntours.com). All concerned information is requested only for your safety and well-being. Of course, all personal information will be kept strictly confidential.

1. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Tour: \_\_\_\_\_ Trip Date: \_\_\_\_\_

2. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

3. Evaluate your health (check one): Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

4. Evaluate your physical condition (check one): Below average \_\_\_\_\_ Average \_\_\_\_\_ Above average \_\_\_\_\_

5. How far do you usually walk in a week? 2-5km (1-3miles) \_\_\_\_\_ 5-10km (3-6miles) \_\_\_\_\_  
Over 10kms (over 6 miles) \_\_\_\_\_

6. Are you on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes; Medication: \_\_\_\_\_

\_\_\_\_\_ Medicated for: \_\_\_\_\_

7. Please list any medical conditions, physical limitations or major illnesses that may affect your endurance, strength or participation in this trip:

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8. Please list any allergies, dietary restrictions or other special needs:

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9. Date of last Tetanus inoculation: \_\_\_\_\_ (Must be current)

10. Please record your Health Care number for our records: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

11. In case of an emergency who should we contact? Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Country: \_\_\_\_\_

12: What experiences would make this trip enjoyable/ worthwhile for you?

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I agree that I have answered the above questions to the best of my ability and that I am fully responsible for my own well-being and physical condition while taking part in the above mentioned trip. The information provided may be used as guidance while being on any trip with Slow Down Tours or, in case of eventualities, to provide information out of first hand to emergency services and/or medical staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your assistance.**

**We look forward to welcoming you soon on your travels with Slow Down Tours.**

info@slowdowntours.com  
Slow Down Tours, Vancouver BC, Canada