Name:_____ Age:_____

Mailing Address:_____

Contact Number(s): (_____)_____(_____)_____

E-mail address:_____

Pass Port Number:_____

Where did you hear about Bali Quest ?

☐ Internet ☐ Magazine ☐ Radio ☐ Brochure ☐ Friend/Family ☐ Other_____

Level of Fitness/Conditioning: (please circle the appropriate number which best describes you)

1 = I do not exercise regularly
2 = I exercise one to two times a week for thirty minutes each time.
3 = I exercise three times a week for thirty minutes each time and can walk a mile in fifteen minutes.
4 = I exercise three times a week for forty-five minutes or more and can walk a mile under ten minutes.
5 = I am a competitive athlete and train regularly

Health Information will be kept confidential. Place a mark in the box "Yes" or "No" if you have any of the following:

Allergies:	☐ Yes	☐ No	**If so, please state allergies(s):** drffd		
Asthma:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☑ No
Back pain:	☐ Yes	☐ No			
Chemical Dependency:	☐ Yes	☐ No			
Diabetes:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
Epilepsy:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
Heart Condition:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
High Blood Pressure:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
Psychiatric Care:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
Stroke:	☐ Yes	☐ No	**If so, are you packing medication into the field ?**	☐ Yes	☐ No
Suicidal Tendencies:	☐ Yes	☐ No			

Additional condition(s) that may influence or impede participation:_____

Emergency Contacts: (please list two)

Name:_____ Relationship:_____

Contact(s): (_____)_____ (_____)_____

Name:_____ Relationship:_____

Contact(s): (_____)_____ (_____)_____

PHOTO RELEASE

I give, without cost, to Earthwalker LLC full rights and license to use all photo/video images of me obtained during this activity for marketing/media purposes. ☐ **Yes** ☐ **No**

* Please note that Earthwalker LLC has a policy requiring abstinence from drugs during events. By signing this form, I agree to abide by this policy.

* By signing this document, you are stating that the information above is accurate and true.

Signed:_____ Dated:_____