

Tour Participation Form
Sharrscape – High Scardus Trail

Personal Information

Full Name: _____

Date of Birth: _____ **Age:** _____

Nationality: _____

Passport/ID Number: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Health & Fitness

Do you have any medical conditions we should be aware of?

☐ No ☐ Yes → Please specify: _____

Are you currently taking any medication?

☐ No ☐ Yes → Please specify: _____

Dietary restrictions / allergies: _____

Tour Information

Tour Name: _____

Tour Dates: From _____ **To** _____

Accommodation preference:

Only Shared

Agreement

I confirm that:

☒ I am physically fit to participate in this tour.

☒ I will follow the guide's instructions at all times.

☒ I understand that the itinerary may change due to weather or safety reasons.

☒ I release Sharrscape from liability for injuries, accidents, or loss of personal items.

Signature: _____ **Date:** _____