

# ENROLMENT FORM

Please complete all sections and return to:  
enrol@outwardbound.co.nz  
PO Box 25274, Wellington 6146  
Fax: +64 472 8059

## PERSONAL DETAILS

FULL NAME

DATE OF BIRTH (DD/MM/YY)      AGE

GENDER

ETHNICITY

|                    |                |
|--------------------|----------------|
| NZ European/Pakeha | Asian          |
| Māori              | African        |
| Pacific Islander   | Latin American |
| Other European     | Middle Eastern |
| Other              |                |

CITIZENSHIP/RESIDENCY

NZ Citizen/Resident  
Australian/Pacific Island Citizen  
Other

Please note additional fees apply for international participants:  
\$880 for 21 day courses \$370 for 8 day courses

POSTAL ADDRESS

MOBILE PH

HOME PH

WORK PH

EMAIL

YOUR SCHOOL OR EDUCATION PROVIDER

YOUR ORGANISATION AND JOB TITLE

## NEXT OF KIN DETAILS

FULL NAME

POSTAL ADDRESS

Tick here if same  
as your own

MOBILE PH

HOME PH

WORK PH

EMAIL

OFFICE USE ONLY  
COURSE CODE



# YOUR COURSE DETAILS

COURSE NAME

COURSE START DATE (DD/MM/YY)

/ /

NAME ANYONE YOU KNOW ATTENDING THE SAME COURSE

## PERSONAL DETAILS

### DIETARY REQUIREMENTS

|                      |                    |
|----------------------|--------------------|
| None                 | Dairy free         |
| Vegetarian exclusive | Vegan              |
| Food intolerance     | Cultural/religious |
| Gluten free          | Food allergy       |
| Coeliac              | Other              |

Provide details e.g. food type, severity, last reaction

### FITNESS

Excludes some adapted and custom design programmes that have their own fitness requirement

Can you comfortably run 3km in under 25 minutes and complete a full day's activity?

N/A Yes No

### WATER CONFIDENCE

Are you confident in water and comfortable putting your head underwater?

Yes No

### SMOKING

Do you smoke? Yes No

If yes, how many do you smoke per day?

Are you willing to go smokefree at Outward Bound? Yes No

### CRIMINAL

Do you have any charges pending, convictions, or have you ever had any involvement with Youth Court?

Yes No

If yes, provide details of convictions, charges, sentences and dates

### MEDICAL

HEIGHT (CM) WEIGHT (KG)

If you can't measure up at home try visiting a local gym or medical centre

Do you have, or have you ever had, any of the following medical, behavioural or developmental issues?

|                                               |                                                                          |
|-----------------------------------------------|--------------------------------------------------------------------------|
| ADD/ADHD/Asperger's                           | Disability - hearing/intellectual/physical/vision                        |
| Diabetes                                      | Serious illness/major operation/knocked unconscious in last year         |
| Epilepsy                                      | Mental health - anxiety/depression/bipolar/schizophrenia/eating disorder |
| Allergic reactions - bees/wasps/peanuts       |                                                                          |
| Treatment/counselling for alcohol or drug use |                                                                          |
| Other                                         | None of the above                                                        |

If you ticked yes to any of the listed medical issues, please provide further information

## PAYMENT

### PAYING MY \$500 DEPOSIT

I have already paid my deposit online or by phone

I do not need to pay a deposit because:

I am paying a  
\$500 deposit or  
other amount of:

By cheque

By credit card -  
details below

### PAYING MY REMAINING COURSE FEE

I will be paying the remainder of my course fee

By cheque

By credit card -  
details below

I am receiving a  
sponsorship amount of

I will receive sponsorship but am unsure of the  
details

I am receiving a scholarship - attach completed  
scholarship endorsement to this form

I will be fundraising the remainder of my  
course fee

Check out our online fundraising guide at  
[outwardbound.co.nz/funding](http://outwardbound.co.nz/funding)

### PAYING MY COURSE FEE

Please charge my:

Visa

MasterCard

### CARD NUMBER

CSV (3 DIGIT #)

EXPIRY DATE (MM/YY)

/

NAME ON CARD

SIGNATURE\*

See over the page for instructions  
on creating a digital signature

### SPONSOR/COMPANY DETAILS

CONTACT NAME

ORGANISATION NAME

POSTAL ADDRESS

TELEPHONE

PURCHASE ORDER (OPTIONAL)

## TERMS & CONDITIONS

### PAYMENT

#### Paying your course fee

Full payment is required 8 weeks before your course start date. Course fees are in NZ dollars and are GST inclusive. Contact our Funding Advisor for fundraising support - email [funding@outwardbound.co.nz](mailto:funding@outwardbound.co.nz) or phone 0800 688 927.

#### Transfers

Your full course fee may be transferred once only to another course date up to 28 days before your course start date. (Transfers are not applicable to scholarships provided by Outward Bound).

#### Refunds

Your course fee, less your \$500 deposit, is refundable up to 28 days before your course start date. (Deposits are non-refundable except for medical reasons, at which point a medical certificate is required for cancellation).

#### Cancellations

Within 28 days, your full course fee is not transferable or refundable. Cancellations must be received in writing.

#### Departure

If you depart early or are sent home from your course, your full course fee is not transferable or refundable.

[Continue and sign over the page](#)

## PRIVACY

### Personal information

Your personal information will be held confidential to Outward Bound, in accordance with the Privacy Act (1993), for the purposes of Outward Bound courses and associated administration, including promotional activities.

You have the right to see all information held by Outward Bound and may ask at any time for that information to be corrected.

You authorise Outward Bound the right to send a copy of your course report to your course fee sponsors, including employers, if requested.

### Promotional material

You authorise Outward Bound the right to use your name, comments and images (video footage or photographs) that are obtained in relation to your Outward Bound participation and to disclose this information to third parties for marketing and public relations purposes; these materials will remain the property of Outward Bound.

You grant Outward Bound permission to contact you by email, including a regular e-newsletter and other updates.

## HEALTH & WELL-BEING

### Safety

Your safety and welfare is our primary concern, however you do participate at your own risk and there are times without direct staff supervision. Our courses are designed to be mentally, emotionally and physically challenging, with long days and a good night's sleep not guaranteed. Activities occur in all weather conditions and can include off-track tramping, camping (sometimes

alone), kayaking, running, sailing, swimming, rock climbing and high-ropes.

Although we have procedures in place to minimise risk, none of these risks can be completely eliminated. When undertaking any activity, you will be briefed on the risks and how to manage them. There is a chance you could get a cold, stomach illness, blisters, sunburn, exhaustion, wasp stings, infected cuts or insect bites, sprains, or some other injury, and may be asked to sit out certain activities.

There have been no major life changing injuries at Outward Bound in over 10 years, however, serious risks can never be completely eliminated. These include injury from falling, drowning, burns, hypothermia, heat stress or road accidents. To reduce the likelihood of a serious accident we have a robust externally audited safety management system, which includes trained staff, up-to-date weather forecasts, robust communication protocols, modern equipment, and emergency procedures.

### Smoke, drug & alcohol free

Outward Bound has a strict no-smoking policy. No alcohol or non-prescription drugs are permitted.

### Medical form

Your Outward Bound medical form must be completed by a medical doctor no more than 90 days before your course, and returned 8 weeks before your course start date. You will be sent a medical form later in the enrolment process.

**Confirmation of your enrolment is subject to approval from both your doctor and Outward Bound. This is to ensure your safety, the safety of others, and quality course outcomes for all.**

## PERSONAL DECLARATION

- I have read and agree to the above Terms and Conditions.
- I am willing to fully participate in my course, comply with all instructions, and respect others, their beliefs and belongings.
- I understand that, to the maximum extent allowable by New Zealand law, Outward Bound is not liable for any injury, damage, delays or other additional costs that I incur. If I am an international participant, these terms and conditions and my participation in Outward Bound is governed by New Zealand law; I am therefore subject to the exclusive jurisdiction of New Zealand courts.
- I understand that, except as expressly permitted by law, if I give false information, withhold relevant information, or do not advise of any new relevant information, and that if I do not comply with the above Terms and Conditions, my enrolment may be cancelled or I may be sent home from my course at my own expense.

PARTICIPANT NAME

TODAY'S DATE

/ /

PARTICIPANT SIGNATURE\*

\*To sign this document digitally, click into the participant signature box. Select an existing digital signature or choose to create a new digital ID.

To create a new ID: Select option new PKCS# option. Enter your personal details and leave all other fields as defaulted. Create a password. On the next screen enter your password and click sign, save the form to your local drive. You will now see your signature in the document.