TEMBEA NA MIMI APPLICATION FORM

Thank you for your interest in Tembea Na Mimi – Kenya. You are considering an adventure of a lifetime in support of ending the cycle of poverty in Matoso Kenya by making secondary school education a reality for students.

(The personal information provided on this form is subject to the *Personal Information Protection Act* of British Columbia. The personal information provided will be used to assess your application for Tembea Na Mimi including your current medical condition and physical fitness level. Your personal information will only be shared with another third party once you have been selected for Tembea Na Mimi for insurance and other travel related planning associated with the walk. If you have any questions regarding the collection, use, and disclosure of your personal information please contact Bev Hooper, President Lalmba Canada at bev@lalmbacanada.ca or 250 896-4272)

Contact Information:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Other Personal Information:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_

What is your current physical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why would you like to be a part of this adventure?

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What do you do to stay in shape?

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Have you ever travelled in Africa or any other developing nation?

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Have you any trekking experience?

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What other life experiences have you had that would make you a good walking companion?

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What is your objective in participating in this walk?

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Do you have any special dietary needs (i.e. allergies, vegetarian etc.)?

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Please check if you have any of the following conditions: (insert check boxes)

* History of heat related illness
* Muscle or joint problems (especially lower extremities)
* Heart disease
* Asthma (or other respiratory problems)
* Diabetes

Statement of Risk:

This statement is not intended to frighten you, but to realistically inform you of the potential risks associated with this adventure.

There are numerous risks inherent in this adventure. The Government of Canada issues travel warnings for Kenya and can be viewed here: <https://travel.gc.ca/destinations/kenya>. Other risks include: road travel in Kenya, including other drivers and bandits; wild animals on the walk; poisonous snakes; hostile tribes; tropical viruses and diseases; injury, and death. Everyone going on this walk must assume responsibility by signing a release of liability statement.

\_\_\_ Yes, I understand that there is risk involved in this adventure.

Please print and fill out the form and return to Bev Hooper bevhooper@lalmba.ca or Kathy Moore kathymoore@lalmba.ca

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_