

MATIENZO CAVER

This data will be used in case of rescue. Your personal phone number(s) and email address may be used at other times. No data will be shared outside of the Matienzo Caves Project. This form should be checked early in each visit.

Form checked on next visit

<u>date</u>	<u>subject initials</u>
1:
2:
3:
4:
5:
6:

A new form should now be used and this one destroyed

PERSONAL INFORMATION

Full name: _____

Address: _____

Post code: _____

Email address: _____

Date of birth: _____ **Tel no:** _____

Particular caving / rescue skills: _____

EMERGENCY INFORMATION

Passport number: _____

1. Insurance Pol. name: _____	Cert. no: _____	Tel: _____
2. Insurance Pol. name: _____	Cert. no: _____	Tel: _____
3. Insurance Pol. name: _____	Cert. no: _____	Tel: _____
4. Insurance Pol. name: _____	Cert. no: _____	Tel: _____
5. Insurance Pol. name: _____	Cert. no: _____	Tel: _____
6. Insurance Pol. name: _____	Cert. no: _____	Tel: _____

Medical conditions, medications and allergies: _____

Own transport? Details: _____ can carry driver + _____ cavers with equipment

CONTACTS in an emergency

<div style="text-align: right; font-size: 2em; font-weight: bold; margin-bottom: 10px;">1</div> <p>Name:</p> <p>Relationship:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Telephone 1:</p> <p>Telephone 2:</p> <p>email address:</p>	<div style="text-align: right; font-size: 2em; font-weight: bold; margin-bottom: 10px;">2</div> <p>Name:</p> <p>Relationship:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Telephone 1:</p> <p>Telephone 2:</p> <p>email address:</p>
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Data subject consent: I agree that the (regularly checked) information can be used in the case of a rescue. My personal phone number(s) and email may be used by members of the Matienzo Caves Project at other times. No data will be shared outside of the MCP. I have the right to ask for the data to be destroyed at any time. This form will be destroyed one year after my last participation in a Matienzo Caves Project expedition.

Signed: _____ **Date:** _____