ACKNOWLEDGMENT OF TERMS AND CONDITIONS
CLIENT EMERGENCY RECORD FORM AND
CHECK LIST FOR FORMS REQUIRED TO BE COMPLETED

Name:	
DOB:	/ /
Expedition date:	
Address:	
Telephone: • **Daytime**	
• **AH**	
Passport No:	
In Emergency Notify:	
Relationship:	
Phone:	
Address:	
Your Physician:	
Telephone:	
Dentist:	
Telephone:	
Remote rescue insurance taken with:	
Valid:	From: Till:
Insurance policy Number:	

Check list:	
The following forms need to be sent to Unique Frontiers at least 90 days prior to departure: Unique Frontiers P.O. Box 2120 Hawthorn, Victoria, Australia, 3122 p + 61 (03) 9815 0728 f + 61 (03) 9815 0729	**Completed: Y / N**
1. Emergency contact details as per above:	
2. Travel insurance policy number:	
3. Signed medical form from your doctor:	
4. Signed media release form:	
5. Signed waiver of liability:	
6. Please sign below to acknowledgement that you have read and understood the terms and conditions provided by Unique Frontiers P/L.	

Signed:

_____**Date of signing** ____/____/____