MEDICAL FORM

Customer information (user of Mountain Traveller Croatia service) – bold the correct answer

<table>
<thead>
<tr>
<th>Name and surname</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>a) M  b) F</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Telephone number or e-mail</td>
<td></td>
</tr>
</tbody>
</table>

For under age 18 indicate the name of the person responsible parent or guardian

| Name and surname: | Parent or guardian signature: |

Note: Datas in the medical form are confidential and are used only for the purpose of clients safety and preventing possible injury during performing the selected activity.

1. Do you suffer from chronic diseases (hypertension, diabetes, asthma, joint diseases, mental illness, epilepsy etc)?
   YES NO
   If YES, please specify: ________________________________________________________

2. Are you using any medications?
   YES NO
   If YES, please specify: _________________________________________________________

3. Whether you are a smoker?
   YES NO

4. Are you consumer of alcohol or other intoxicants?
   YES NO
   If YES, please specify the intoxicants: _____________________________________________

5. Are you afraid of heights?

6. Do you know how to swim?

7. Do you have good enough eyesight to participate in outdoor activities?
   YES NO

With my signature I guarantee that I entirely understood all the questions and that I am fully responsible for the accuracy of the informations. Also by signature I confirm that the participation in the activities organized by Mountain Traveller Croatia is voluntarily and I participate in them by own risk.

Signature:___________________________________________________________

Date and place: __________________