

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

date

subject initials

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

Name: **1**

Relationship:

Address:

.....

.....

Telephone 1:

Telephone 2:

email address:

Name: **2**

Relationship:

Address:

.....

.....

Telephone 1:

Telephone 2:

email address:

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: