



After Dark Nature Tours Certificate of Fitness

After Dark Nature Tours is an outdoor night time wildlife experience offered in all weather conditions.

Medical clearance is required under certain circumstances prior to a customer being allowed to participate.

What the tours include:

- Walking up to 2.5 hrs per tour.
- Walking at a leisurely to moderate pace with stops throughout the walk.
- Walking at night in low lit areas
- Walking across alternating terrains
- Walking up and down hill for approximately 1.5km each way
- Walking up and down stairs and steps of varying widths, height and distances.
- Walking over uneven surfaces and sections of narrow pathways

Pregnancy

Tours are available to expectant mothers with normal pregnancies, up to the end of the twenty fourth week. After Dark Nature Tours does not offer tours to expectant mothers with medical complications that could affect their ability to complete the experience safely and comfortably. Medical complications may include but are not limited to severe morning sickness, high or low blood pressure, abnormal bleeding, and significant medical conditions such as diabetes, epilepsy and previous back injuries.

Pregnant customers must consult a medical practitioner before participating and After Dark Nature Tours recommends that customers speak to their obstetrician or treating doctor. If this is not possible After Dark Nature Tours recommends that customers consult with a Medical Practitioner who can contact their treating doctor with any specific concerns.

Medical Conditions

Tours are available to customers with well controlled medical conditions who either:

- do not display symptoms on exertion, or
- only display symptoms on very strenuous exertion

After Dark Nature Tours asks customers not to participate if their health and safety, or that of other participants, would be put at risk by them taking part.

Customers cannot participate if they:

- have broken bones
- have undergone recent surgery
- have experienced a fit or seizure in the past 6 months
- Register a blood-alcohol reading of 0.05% or higher during the compulsory breath test.
- have chest pain or shortness of breath

The following conditions may impact a customer's ability to take part in a tour safely:

- all heart conditions (including high blood pressure)
- all respiratory conditions
- back, limb or joint injuries or conditions impacting stair climbing ability
- diabetes (if there is a risk of hypoglycaemic episodes)
- vertigo, dizziness or loss of balance
- visual impairment (except wearing prescription glasses or contact lenses)

Customers with significant medical conditions must consult a medical practitioner before Participating, and After Dark Nature Tours recommends that customers speak to their specialist or treating doctor. If this is not possible After Dark Nature Tours recommends that customers consult with a medical practitioner who can contact their treating doctor with any specific concerns.

Doctor's Recommendation (please tick all relevant boxes)

Date of Proposed Tour: ____ / ____ /20 ____

Patient's Name: _____

From the information provided by the patient and After Dark Nature Tours, I confirm that the patient is:

- Fit to participate on an After Dark Nature Tours walk (limited rest stops, moderately paced)
- Not fit for any walk/ tour
- Not more than 24 weeks pregnant and is experiencing a normal pregnancy

Doctors Name: _____

Doctors Address: _____

Doctors Contact Number: _____

Doctors Signature: _____

Date

End date for patient's 24th week of pregnancy: ____ / ____ /20 ____
(if relevant)

Participants' confirmation

Please complete the information below and sign to confirm that you are aware of the known and potential risks involved in undertaking a tour. Please bring this certificate with you on the day of your tour. Be advised that even if a doctor Certifies you are fit to participate, After Dark Nature Tours reserve the right to decline participation, in which case you may not be reimbursed for costs.

Participants Name: _____

Participants Address: _____

Participants Signature: _____

Date: ____ / ____ /20 ____

If you have any questions or would like any further information, please contact us at info@afterdarkmail.com.au

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