



MEDICAL STATEMENT

Participant Record (Confidential Information)

CLIMBING DESCRIPTION

Climbers must be aware of, and be able to understand the following details in order to consider their ability to participate in the climb :

- 1) Mt. Trus Madi climb is considered technically & physically challenging.
- 2) Temperatures can vary from 13 to 23 degrees Celsius and can be much colder at night and at the Summit (10 degrees Celsius depending on the weather (windy or rainy, etc) condition.
- 3) Climbers will be ascending to a height of 2,642 meters above sea-level.
- 4) Climber's must be prepared to :
 - a) Trek uphill in cold or hot and humid environment (depending on the weather conditions) crossing through narrow, steep, overgrown, un-settling and muddy trail for up to 10hours or more.
 - b) Trek through wet conditions especially during or after a heavy downpour, expect slippery conditions.
 - c) Step on tree roots, fallen trunks and muddy terrain.
 - d) Grab onto tree roots to assist with ascent which could, at times, lead to accidentally grabbing onto branches with thorns.
 - e) Trek through more challenging areas equipped with ropes and ladders.
 - f) Not have access to shelter, seating, water, shade or proper toilets during the climb.
 - g) Climb without safety harnesses, rappelling equipment or any such related equipment.
 - h) Carry own packed breakfast and up to three litres of water during the climb as there are no sources of water on this mountain as well as extra sources of food such as nuts, energy bars, etc. (A porter can be hired at an additional cost)
- 5) Climbers must ensure that they are / will :
 - a) Medically fit or in good physical condition and are able to climb to an altitude of above 2,500 meters above sea-level. It is encouraged that all climbers have themselves medically checked before attempting the climb.
 - b) Fit to withstand mild to moderate adverse weather and elevation conditions associated with climbing at the height stipulated.
 - c) Not pregnant at the time of climb.
 - d) Adhere to the suggested packing / things-to-bring list provided.
 - e) Adhere to the instructions of the Park Ranger and Guide during the climb. Safety is always the priority and should they feel that it is not safe to continue the climb for any reason, their decision must be respected. Should this be the situation there will be no refund in part of in full for your climb.
- 6) Climbers are encouraged to :
 - a) Have themselves medically checked before attempting the climb.
 - b) Participate in physical or outdoor activities prior to climb. Here are some suggestions from the Alpine Guides Association :
 - b1) A good amount of outdoor cardiovascular exercise (power walking, cycling, running, mountain biking, etc) and getting out for long days in the hills whenever possible is great preparation for your climb.
 - b2) We recommend all climbers take cardiovascular sports at least twice a week, with each session being a minimum of 2 hours in duration at a medium intensity.
 - b3) Fitness training should begin 2-3 months leading up to your trip, this way you should be well prepared.

I have read and understood the Climbing Description above and understand the risk and conditions of the activity I will be undertaking.

Signature

Date

Signature or Parent or Guardian

Date



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DOWNBELOW

MARINE & WILDLIFE ADVENTURES SDN. BHD

CLIMBER

Please print legibly.

Full Name (as per passport) _____ Date of Birth _____
Mailing Address _____ City _____
State/Province/Region _____ Country _____ Zip/Postal Code _____
Home Phone () _____ Business Phone () _____
Email _____ Fax _____

Name and address of your family physician

Physician _____ Clinic/Hospital _____
Address _____
Date of last physical examination _____
Name of examiner _____ Clinic/Hospital _____
Address _____
Phone () _____ Email _____

PHYSICIAN

This person applying for MT TRUS MADI Climbing Activity. Your opinion of the applicant's medical fitness for this climb is requested.

Physician's Impression

_____ I find no medical conditions that I consider incompatible with Climbing Activity.

_____ I am unable to recommend this individual for Climbing Activity.

Remarks

_____ Date _____

Physician's Signature or Legal Representative of Medical Practitioner

Physician _____ Clinic/Hospital _____
Address _____
Phone () _____ Email _____

