



Dominica Hotel and Tourism Association  
 Cnr. Old St. & Kennedy Ave  
 Roseau, Dominica  
 Tel: +1767/ 4403430 / 2757454 | Fax: +117674403433  
 Email: Info@dhta.org | Web: www.dhta.org



**Dominica Hotel & Tourism Association**  
**HikeFest 2018 - "REDISCOVER DOMINICA – ROAD TO REBIRTH"**  
 Registration Form

DATE	HIKE NAME	LOCATION	DURATION	LEVEL
Sat, May 5, 2018	<b>Segment 5 Pond casse to Emerald pool</b>	Interior	2.5hours	Moderate
Sat, May 12, 2018	<b>Boeri Lake (children Hike)</b>	Interior	1hour	Easy
Sat, May 19, 2018	<b>Segment 12 Vielle Case - Borne</b>	North	4 hours	Moderate - Difficult
Sat, May 26, 2018	<b>Syndicate loop Trail</b>	North/ Interior	1.5hours	Easy

*\*Participants gather at the DHTA Office for 5:30am.*

**Contact Details:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Participation Choices (please tick):**

Sat, May 5th       Sat, May 12th       Sat, May 19th       Sat, May 26th

**Payment Options:**

1 Hike = ECD\$50 \_\_\_\_\_      2 Hikes = ECD\$100 \_\_\_\_\_  
 3 Hikes = ECD\$150 \_\_\_\_\_      4 Hikes = ECD\$200 \_\_\_\_\_

**T-shirt (please tick):**

S       M       L       XL       XXL       XXXL

**Registration Includes:** Transportation (Round trip), Water, a HikeFest 2018 t-shirt and Give-a-ways from sponsors based on availability. Hikers will be accompanied by Certified Tour Guides, medical personnel and Police Escorts.

\*Food and drinks will be available for sale after each hike (NOT included in cost of hike).

**Plus great prizes to be won!!!**

**Payment Method:**

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Receipt Issued #: \_\_\_\_\_



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### Statement Release

I hereby acknowledge that the Dominica Hotel & Tourism Association as well as, the partners & sponsors of **HikeFest**, organized for four Saturdays in May (**May 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup> and 26<sup>th</sup>, 2018**) are not responsible for any injuries, accidents, loss or misfortune or any other claims or act of God related to this event.

#### Medical Record

**Mark any diseases or conditions that you may have or have had in the past.**

- Asthma*
- Diabetes*
- Heart disease*
- Hepatitis*
- High blood pressure*
- Immunosuppressant from HIV, cancer or other reason*
- Stroke*
- Other* \_\_\_\_\_

**Mark any medicines you are taking.**

- Heart medicines*
- Blood pressure medicines*
- Blood thinners such as Coumadin*
- Breathing medicines*
- Insulin*
- Other over the counter medicines such as antacids, laxatives or pain medicines*

**Mark any allergies you have.**

- |  |                   |
|--|-------------------|
| <i>Dairy products such as eggs or milk</i> | <i>Penicillin</i> |
| <i>Seafood</i>                             | <i>Morphine</i>   |
| <i>Dye or iodine</i>                       | <i>Sulfa</i>      |
| <i>Aspirin</i>                             | <i>Latex</i>      |
| <i>Other</i> _____                         |                   |

**TREATMENT GIVEN (Describe first given and materials used):**

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**FURTHER TREATMENT REQUIRED (If taken to hospital, doctor or health centre):**

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I hereby accept the terms and conditions and signed that the above is true.

\_\_\_\_\_  
Participant Signature and Date

\_\_\_\_\_  
Witness Signature and Date