



M E D I A D A N T E

# Qatar Brazil Challenge 2014 Application form

Please complete ALL sections in BLOCK CAPITALS, scan and return to [thechallenge@mediadante.com](mailto:thechallenge@mediadante.com).

## Personal Information

Full name:	DoB:	Email:
Home Tel:	Mobile:	
Address:	Male/Female	
School:		
Passport No:	Nationality:	
Place of Issue:	Expiry Date:	

(Please note you will need a passport that is valid for at least 6 months after your return to Qatar to be considered for participation in this programme. Should you be accepted into the programme you will be required to provide copies of your passport)

## Parents Details

Father's name:  
 Mother's name:  
 Address:  
 Home tel:  
 Mobile:  
 Email:

## Application Questions:

**Why do you want to spend a month in Brazil? What excites you about this project?**

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**What do you want to achieve in Brazil?**

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**What about this expedition do you think you will find the hardest? The physical challenge, the endurance aspect, the survival skills or just missing home?**

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**What countries have you visited previously?**

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Do you have any special/relevant skills? Or a party trick?

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Are you happy to have an online profile and be part of filming for television? yes/no

Please provide your VIMEO link here:.....

**N.B.** This should be a link to your 1 minute or less video explaining why we should pick you to join us for the adventure of a lifetime. This can be recorded on your phone or computer – we're not looking for high production value, we just want to know you and your reasons for applying! **Applications without a VIMEO link will not be considered.** A Vimeo account is free and easy to set up at [www.vimeo.com](http://www.vimeo.com).

**Medical details**

Have you ever suffered from any of:	Asthma	yes/no
	Epilepsy	yes/no
	Diabetes	yes/no
	Psychiatric Illness	yes/no
	Depression	yes/no
	Eating Disorders	yes/no

Please give details if you answered 'yes' to any of the above:

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Do you suffer from any Allergies? yes/no

Do you have any chronic or recurring joint problems? yes/no

Have you ever had back trouble? yes/no

Have you ever experienced any type of heart condition? yes/no

Do you, or are you required to take any drug regularly or intermittently? yes/no  
(Please state name of medication, dose and frequency if yes)

Do you have any physical disabilities? yes/no

Do you object to any form of treatment e.g. immunisation or blood transfusion? yes/no

Do you have any dietary requirements e.g. halal, vegetarian, gluten free? yes/no

Are you able to swim 50m without assistance? yes/no



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Please note: True Adventure's Insurance for your expedition may become invalid if you do not keep the company fully informed of your medical conditions. In the event that your medical condition(s) cannot be covered by True Adventure's insurance policy, you may still be able to participate, subject to you paying an additional premium.

**Please specify any details below if you answered 'yes' to any of the above questions:**

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**Please set out, in the space below, or on a separate sheet if necessary, any other matters, ailments, medical conditions or circumstances that are not covered by the above questions which may be relevant in helping Mediadante/True Adventure ensure your safety.**

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**What T-shirt size do you require?**                    **Small**                    **Medium**                    **Large**                    **X-Large**

The above information can have an effect on the logistics of the programme, other team members, and the expedition as a whole and it is therefore essential that Mediadante/True Adventure are aware of all relevant information at the time of application. Please use a separate sheet to detail any other matters, ailments, medical conditions or circumstances that are not covered by the questions above and which may be relevant to the planning and conduct of the expedition.

In order to determine your suitability for expedition and to obtain insurance for you during the expedition, Mediadante/True Adventure may have to pass the information you have provided to its medical advisors and insurers. Please sign below to agree to your details being used in this way. Unless your permission is given, Mediadante/True Adventure cannot proceed with your application. This information will not be used for reasons other than those set out above and will not be forwarded to any third parties without first obtaining your consent.



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**Declaration:**

“To my knowledge the details on this form are true and accurate. I have read and understand the **True Adventure** Booking Conditions, which the school have also accepted and I agree to abide by the conditions therein, and to the payments being made directly to **True Adventure** in accordance with the attached payment schedule.

“I hereby authorise a **True Adventure** Leader to take the appropriate action and administer any treatment he or she deems necessary for the health and welfare of my child whilst on expedition or training expedition. I also hereby agree that the team member named on this application form is permitted take part in any **True Adventure** arranged activity, (see clause 12.1 of the Booking Conditions), adventurous or otherwise, during the expedition, and rest and relaxation phase, subject to any such activity and provider of such an activity being adequately Risk Assessed and approved by **True Adventure**”.

“For good and valuable consideration, receipt of which is hereby acknowledged, I authorize **Mediadante** the “Producer” and their respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance for the purpose of inclusion in The Qatar-Brazil Challenge promotional material during production thereof, and as necessary during any extension, reshooting or preparation of publicity or promotion thereof.

I agree that **Mediadante** may tape/record and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition(s), during and in connection with my appearance and that **Mediadante** shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof in connection with the Program or otherwise. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I further agree that **Mediadante** may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of the Program and/or otherwise and ancillary products (e.g., merchandise) in connection with the Program and in connection with **Mediadante** and it’s affiliated services, throughout the universe in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that **Mediadante** will rely on this permission potentially, at substantial cost to **Mediadante** and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.”

Signature of Applicant:	Date:
Signature of parent/guardian:	Date: