

#### Dear Simon and Ellen

### Itinerary: 10 June 2017

Where to meet: Large White Marquee top of Green picnic area to side of Donard Car Park, Newcastle, Co. Down

09:000M REGISTRATION - LIGHT REFRESHMENTS TEA COFFEE HOME MADE SHORTCAKE

09:300W Leave the Marquee and follow the Glen Path through the forest, past waterfalls and pools until reaching the Ice House. From here we leave the shelter of the forest and follow the path along the side of the river. It is a steady incline until we reach the Mourne wall where we will take a short break before ascending the steep route to the summit.

AFTER TAKING IN THE VIEWS, TAKING A GROUP PHOTOGRAPH AND SPENDING A FEW MOMENTS TO REFLECT ON YOUR ACHIEVEMENT WE WILL DESCENT ON THE SAME ROUTE.

2-5pm Upon approaching the Car park you will smell the BBQ which awaits outside our hospitality marquee. From here you are free to socialise and gather for a group photo before heading home for a well deserved rest! (We accommodate vegetarian diets and will make adjustments for food allergies if we know beforehand.)

WE ARE A LOCAL SOCIAL ENTERPRISE COMPANY COMMITTED TO ENHANCING YOUR TREKKING AND TRAVELLING EXPERIENCE. WE HAVE A COMBINED EXPERIENCE OF OVER 60 YEARS OF GROUP TRAVEL AND ADVENTURE.

FOR PEACE OF MIND WE HOLD A £2 MILLION PUBLIC LIABILITY POLICY ALONGSIDE ALL OF OUR STAFF BEING FIRST AID TRAINED.

### What's included:

- EVERY TRIP INCLUDES A PROFESSIONAL, KNOWLEDGEABLE, MEDICALLY TRAINED, FRIENDLY WILDERNESS

  SUBSE
- LIGHT REFRESHMENTS ON ARRIVAL.
- BBQ & DRINK TEA COFFEE BISCUITS
- HOSPITALITY MARQUEE

Weather: The weather is the mountains can change Quickly. To be fully prepared, please follow the recommended clothing list closely (a kit list will be provided when booking).

Safety considerations: Your safety is our top priority. Our tours are led by professional guides, all of whom are walking group leaders or mountain leaders, each with years of guiding and medical experience. We've developed comprehensive risk management protocols that our guides adhere to in case of an emergency. If you have any further questions about safety, please contact us at thirstforLtd@gmail.com



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# Kit List Donard

This list is based on recommendations from our previous trips.

If you require any information on where to purchase gear feel free to contact us!

GEAR	Needed	Tick
BAGGAGE		
SMALL DAY PACK/BACK PACK - ENOUGH TO CARRY RAIN GEAR PLUS FOOD AND WATER.	YES	
WATERPROOF LINER - A BIN LINER WILL DO!	YES	
CLOTHING		
JACKET	YES	
LARGE WATERPROOFS TO GO OVER CLOTHES	YES	
THIN FLEECE OR JUMPER	OPTIONAL	
HAT AND GLOVES	YES	
COMFORTABLE THICK WALKING SOCKS	YES	
COMFORTABLE TROUSERS -NOT JEANS!!!!!!!	YES	
COMFORTABLE WALKING BOOTS	YES	
CHANGE OF WARM CLOTHING - CAN BE LEFT IN CAR	YES	
SUNGLASSES	OPTIONAL	
SUN TAN LOTION SPF 15 MINIMUM	YES	
ENERGY FOODS/SNACKS	YES	
DRINKS	YES	
WALKING POLES		



## Training Guide: Slieve Donard

BEFORE STARTING ANY TRAINING PROGRAMME YOU SHOULD ALWAYS CONSULT YOUR DOCTOR!

SLIEVE DONARD IS THE HIGHEST POINT IN NORTHERN IRELAND, THANKFULLY MAKING IT TO THE TOP AND RELISHING THE WONDERFUL VIEWS IS ACHIEVABLE BY EVERYONE

THE IMPORTANT THING TO NOTE IS: MORE TRAINING = MORE ENJOYMENT

THE PROGRAMME BELOW WILL GIVE YOU A ROUGH IDEA OF THE TRAINING YOU SHOULD UNDERTAKE.

YOU SHOULD STRETCH AFTER EACH WALK GENTLE STRETCHING CAN BE PART OF YOUR WALKING ROUTINE.

OPINIONS VARY ON WHEN TO STRETCH. YOU MAY DO THESE GENTLE STRETCHES AFTER FIVE MINUTES OF WALKING AT AN EASY PACE, AND AS PART OF YOUR WARM-DOWN AFTER THE WALK. YOU MAY WISH TO DO STRETCHING AND FLEXIBILITY EXERCISES SEPARATE FROM YOUR WALKING ACTIVITY.

NECK® MAKE 1/4 CIRCLES WITH YOUR HEAD.® START WITH YOUR EAR NEAR YOUR SHOULDER ON ONE SIDE. ®ROTATE YOUR HEAD AROUND TO THE FRONT, ENDING WITH YOUR EAR NEAR THE SHOULDER ON THE OTHER SIDE. PROLL YOUR HEAD BACK TO THE OTHER SIDE. REPEAT 5-10 TIMES. ARM CIRCLES ONE ARM AT A TIME, MAKE BACKWARDS ARM CIRCLE WITH YOUR PALM FACING OUT, THUMB POINTED UP. PEPEAT 10-15 WITH EACH ARM. THEN MAKE FORWARD ARM CIRCLES WITH PALM FACING IN, THUMB POINTED DOWN, REPEAT 10-15 TIMES. HIP STRETCH STAND UP, TAKE A HALF-STEP BACK WITH THE RIGHT FOOT. BEND YOUR LEFT (FORWARD) KNEE AND SHIFT YOUR WEIGHT BACK TO YOUR RIGHT HIP UNTIL YOU FEEL THE STRETCH. HOLD FOR 10 SECONDS. WHILE KEEPING THE RIGHT (REAR) LEG STRAIGHT, DEEPEN THE STRETCH TO REACH FURTHER DOWN YOUR RIGHT (REAR) LEG. HOLD FOR 15-30 SECONDS. SWITCH SIDES AND REPEAT.QUADRICEPS \*STAND ERECT, HOLDING ONTO A WALL FOR SUPPORT. BEND YOUR KNEE BEHIND YOU SO THAT YOU CAN GRASP YOUR FOOT, HOLDING YOUR HEEL AGAINST YOUR BUTT. STAND UP STRAIGHT AND PUSH YOUR KNEE GENTLY BACK AS FAR AS YOU CAN, THE HAND JUST KEEPS THE HEEL IN PLACE.(FOR SOME, IT IS MORE COMFORTABLE TO USE THE HAND FROM THE OPPOSITE SIDE). HOLD FOR 15-30 SECONDS, THEN SWITCH. CALF STRETCH • STAND AN ARM S-LENGTH FROM THE WALL/ POST. LEAN INTO WALL/POST, BRACING YOURSELF WITH YOUR ARMS. PLACE ONE LEG FORWARD WITH KNEE BENT - THIS LEG WILL HAVE NO WEIGHT PUT ON IT. KEEP OTHER LEG BACK WITH KNEE STRAIGHT AND HEEL DOWN. KEEPING BACK STRAIGHT, MOVE HIPS TOWARD WALL UNTIL YOU FEEL A STRETCH. HOLD 30 SECONDS. RELAX. REPEAT WITH OTHER LEG.LEG SWINGS HOLDING ONTO THE POLE OF WALL WITH BOTH HANDS, FACE FORWARD. SWING ONE LEG IN FRONT OF YOUR BODY GRADUALLY SWINGING HIGHER. SWING ABOUT 10-15 TIMES WITH EACH LEG.

8 - 10 WEEKS BEFORE 2 X 30 MINUTE WALK 1 X 1 HOUR WALK

6 - 8 WEEKS BEFORE 2 x 45 MINUTE WALK 1 x 2 HOUR WALK

4 - 6 WEEKS BEFORE 1 X 45 MINUTE WALK 2 X 1  $\frac{1}{2}$  HOUR WALK

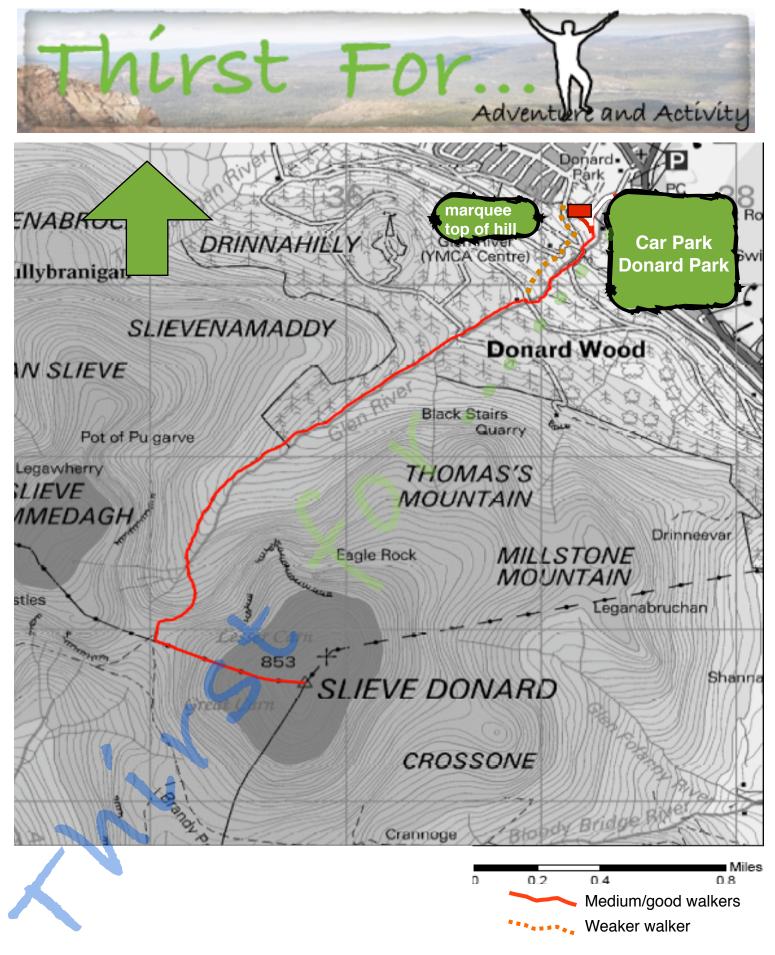
3 - 6 WEEKS BEFORE 1 X 1 HOUR WALK 1 X 2 HOUR WALK 1 X 3 HOUR WALK

1 - 3 WEEKS BEFORE 2 X 45 MINUTE WALK 1 X 4 HOUR WALK

WEEK BEFORE 1 x 45 MINUTE WALK 1 x 1 1/2 HOUR WALK 1 x 2 HOUR WALK

THIRST FOR ... 327 COMBER ROAD DUNDONALD BT16 1XB TEL 07711 731911

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## Medical (All information will be treated in the strictest confidence)

AS A PARTICIPANT OF NICFC SLIEVE DONARD TREK YOU ACCEPT THAT IF YOU ARE OVER 64 AND/OR HAVE ANY CONCERNS ABOUT YOUR HEALTH, YOU MUST CONSULT AND HAVE CONFIRMATION FROM YOUR DOCTOR THAT YOU CAN TAKE PART IN THIS EVENT.

YOU ACCEPT THAT IN AN EMERGENCY THE THIRST FOR .... REPRESENTATIVE HAS THE AUTHORITY TO ARRANGE MEDICAL TREATMENT AND SIGN THE RELEVANT FORMS ON YOUR BEHALF.

YOU UNDERSTAND THAT THE EVENT WILL INVOLVE STRENUOUS ACTIVITY. IF YOU HAVE ANY CONCERNS REGARDING YOUR PHYSICAL FITNESS OR HEALTH BEFORE THE EVENT, YOU WILL ALSO CONSULT YOUR GP IMMEDIATELY.

IT WILL BE DEEMED THAT YOU HAVE READ THE MEDICAL, UNDERSTAND SAME, AND THAT YOU AGREE WITH ALL THE ISSUES AND WILL PROVIDE THIRST FOR LTD WITH YOUR CURRENT HEALTH AND MEDICAL HISTORY IN WRITING OR BY EMAIL.

YOUR HEALTH IS IMPORTANT TO US ALL, ANY CONCERN NO MATTER SMALL, CHECK IT OUT AND INFORM THIRST FOR LTD BY EMAIL OR LETTER.

- •YOU WILL INFORM TF... IF YOU ARE TAKING ANY MEDICATION?
- •YOU WILL INFORM TF... IF ...

YOU HAVE HAD SURGERY OR BEEN IN HOSPITAL IN THE LAST 2 YEARS? YOU ARE A SUFFERER OR YOU CARRYING ANY INFECTIOUS DISEASE? YOU ARE REGISTERED AS HAVING A DISABILITY?

- •YOU WILL INFORM TF... IF YOU HAVE A HISTORY OF:
- ASTHMA OR WHEEZING SEVERE ATTACKS OF ALLERGY ANY FORM OF LUNG DISEASE
   CANCER CHEST SURGERY CLAUSTROPHOBIA OR AGORAPHOBIA BEHAVIOURAL
  HEALTH PROBLEMS EPILEPSY, SEIZURES OR CONVULSIONS RECURRING MIGRAINE
  HEADACHES DIABETES HIGH BLOOD PRESSURE ANY HEART DISEASE, HEART
  ATTACKS OR OTHER HEART PROBLEMS LOSS OF HEARING OR PROBLEMS WITH BALANCE
   BLOOD DISORDERS HERNIAS ULCERS BOWEL DISORDER DRUG OR ALCOHOL
  ABUSE PHOBIAS (HEIGHT, WATER ETC) UPPER BODY PROBLEMS LOWER BODY
  PROBLEMS •ARE YOU AWAITING INVESTIGATIONS, RESULTS OR SURGERY ARE YOU
  PREGNANT ARE THERE ANY OTHER ISSUES NOT COVERED WHICH ARE RELEVANT TO
  YOUR HEALTH WHILST PARTICIPATING IN THE EVENT.
- YOU WILL INFORM TF.... OF YOUR BLOOD TYPE.
- YOU WILL INFORM TE... IF YOU ARE A SMOKER.
- YOU WILL INFORM TF.... IF YOU HAVE ANY DIETARY REQUIREMENTS.

YOUR HEALTH IS IMPORTANT TO US ALL, ANY CONCERN NO MATTER SMALL, CHECK IT OUT AND INFORM THIRST FOR LTD BY EMAIL OR LETTER.

IF YOU REQUIRE A COPY OF THE ITINERARY FOR YOUR DOCTOR TO SIGN PLEASE CONTACT THIRST FOR LTD.

ON THE DAY OF THE TREK YOU WILL REQUIRE TO SIGN CONFIRMATION OF THE ABOVE BEFORE TAKING PART

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