

HELL WEEKEND

SELECTION DOSSIER

LOCATION

Luxembourg

COST

Free

PLACES

Maximum 15

ELIGIBILITY

Ages 18 – 65

BEFORE YOU CONTINUE

Hell Weekend is built to reveal how you perform when discomfort becomes normal. Over 48 continuous hours in the field, from Friday at 12:00 to Sunday at 12:00, you will meet:

Physical fatigue

Limited sleep

Limited food

Limited information

Time pressure

Team tasks

Uncertainty

We do not expect you to be the strongest person here. We expect you to stay safe, disciplined, honest, and coachable.

Throughout the weekend, instructors observe each participant's decisions, communication, teamwork and reactions under pressure. Your individual debrief identifies strengths, areas for improvement and priorities for further training.

If that is what you are looking for, continue. If it is not, this programme is not for you, and that is a fair answer.

HOW TO APPLY

Complete and save this application, then email it to contact@deltasurvivalschool.com with the subject "Hell Weekend Application - Your Full Name". Shortlisted applicants will receive instructions for the video stage.

01 APPLICANT DETAILS

Full name *

Date of birth *

You must be between 18 and 65 years old.

Nationality *

Country of residence *

Email *

Phone (with country code) *

Emergency contact — name *

Emergency contact — phone *

Emergency contact — relationship to you *

02 AVAILABILITY & COMMITMENT

Can you commit to 48 continuous hours in the field, from Friday at 12:00 to Sunday at 12:00? *

☐ Yes ☐ No

Which dates or months work best for you? *

We run Hell Weekend on set weekends. Tell us your availability and we match you to a date.

If travelling from abroad, do you understand that you arrange your own travel, visa, and any insurance? *

☐ Yes ☐ Not applicable

Do you accept sleeping in the field and bringing the equipment specified by DSS? *

The equipment list and shelter arrangements will be provided before attendance.

☐ Yes ☐ No

03 PHYSICAL FITNESS

Describe your current training. What do you do, and how often? *

How many push-ups can you do in a row, without stopping?

Can you run 5 km without stopping to walk?

☐ Yes ☐ No

What is the longest walk or hike you have done while carrying a heavy backpack? Roughly how heavy was the pack?

Any injury, mobility limitation, or physical issue we should know about? *

Write "none" if none applies.

Rate your current physical fitness from 1 to 10, and say why. *

04 HEALTH DECLARATION

How would you describe your general health? *

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you have any of the following: heart condition, high or low blood pressure, asthma or respiratory condition, diabetes, epilepsy or seizures, or any chronic illness? *

List everything that applies. Write "none" if none.

Are you taking any medication? If yes, which, and for what? *

Allergies — food, medication, or insect stings *

This matters. We operate in a forest with limited food.

Have you ever experienced any of the following? *

Lost consciousness during exercise	☐ Yes	☐ No
Heat injury (heat stroke or heat exhaustion)	☐ Yes	☐ No
Cold injury (hypothermia or frostbite)	☐ Yes	☐ No
Rhabdomyolysis (muscle breakdown from exertion)	☐ Yes	☐ No
Concussion in the last 12 months	☐ Yes	☐ No

If you answered yes to any of the above, give brief details. *

Write "none" if all answers were no.

Do you have any condition that could get worse if you have little food or hard physical effort over several days? *

If we ask for a doctor's confirmation that you are fit to take part, are you willing to obtain one? *

☐ Yes ☐ No

05 MINDSET & MOTIVATION

Why Hell Weekend, and not any other physical challenge you could choose? *

What do you expect to be the hardest part for you, and how will you handle it? *

Describe the exact thoughts that go through your mind when you want to quit. *

Tell us about the last time discomfort or fatigue affected a decision you made. *

For your safety: do you have, or have you had, any condition — for example anxiety, panic attacks, PTSD, or depression — that intense stress, sleep loss, or food restriction could affect? *

Honest disclosure does not automatically remove you. It lets us plan for your safety.

Are you currently under any medical or psychological treatment that sustained stress could affect? *

06 TRACK RECORD

Have you ever quit something important? If yes, what was it, and why? *

Tell us about a mistake you made during training or work, and what you did about it. *

Describe a situation where you failed. *

07 COACHABILITY & LEADERSHIP

You are certain an instructor is wrong. What do you do? *

- ☐ Follow the instruction ☐ Ask for clarification ☐ Refuse ☐ Explain why

Explain your answer. *

When people around you start losing motivation, what do you naturally do? *

- ☐ Stay silent ☐ Encourage them ☐ Take the lead ☐ Focus on myself ☐ Depends on the situation

Explain your answer. *

08 EXPERIENCE

Any relevant background — survival, outdoor, military, martial arts, first aid, or similar? *

No experience is fine. Tell us where you stand.

Have you trained with Delta Survival School before? If yes, which courses?

VIDEO STAGE

If you pass this written screen, we will invite you to record one video. Sixty seconds, one take, no editing, answering a single question: why should we select you. We send the instructions if you reach this stage.

09 ACKNOWLEDGMENT & CONSENT

- ☐ I am between 18 and 65 years old.
- ☐ I understand this event is physically and mentally demanding, and that the detailed exercise sequence is not disclosed in advance.
- ☐ I understand that food, sleep and personal comfort are limited during the event.
- ☐ I understand I sleep in the field and bring the equipment specified by DSS.
- ☐ I understand that participation is voluntary. Saying "abort training" ends my participation in the remainder of the event. I must report injury, illness or distress immediately.
- ☐ My answers are accurate and complete to the best of my knowledge. I will inform DSS of any relevant changes before attending.
- ☐ I understand the instructors may withdraw me from the programme at any time if continuing would put me or others at risk.
- ☐ If selected, I agree to sign the full liability waiver before training begins.
- ☐ I consent to DSS storing and processing the information on this form for the purpose of selection.

Signature *

Date *

MEDIA CONSENT (OPTIONAL)

This is separate from your application and does not affect selection.

I consent to DSS using identifiable photographs and videos of me for its communications and promotion.

☐ Yes ☐ No

Access to applications is limited to the DSS instructors involved in selection. We keep the records of applicants we do not select for up to 90 days after selection, then delete them. We keep the records of selected participants until the event is complete and delete them within 12 months. To ask about your information, or to have it removed, contact contact@deltasurvivalschool.com.

Completing this dossier does not guarantee selection. We are not looking for the strongest applicants. We are looking for those most likely to stay effective under pressure.