

CRAGS ADVENTURES

ONLINE BOOKING FORM

PLEASE FILL IN:

GROUP NAME:	
ACTIVITY/ACTIVITIES:	
DATE(S):	

CONTACT NAME:	
CONTACT MOBILE:	
CONTACT EMAIL:	

DEPOSIT - A 50% deposit is to be paid via bank transfer to:

CRAGS ADVENTURES

Acc No: 62924036

Sort: 01-09-75

NOTE (if multiple activities/timeslots then pay a deposit of 50% per activity/timeslot)

TERMS & CONDITIONS OF BOOKING:

Please note to secure your place on a course a 50% deposit is required. The total fee is due no later than 30 days prior to the activity start date. Cancellations made by CRAGS ADVENTURES for whatever reason will be repaid in full except in cases of inclement weather, where by CRAGS ADVENTURES will always offer a backup activity or an alternative date. Cancellations made by clients within 7 days before the commencement of the course will not be eligible for a refund.

Please see our full terms & conditions at http://www.cragсадventures.com/terms_and_conditions/

HOW DID YOU HEAR ABOUT US?

Word of Mouth

Google

Facebook

TripAdvisor

YouTube

Leaflets

Returning Customer

Other

Please State:



E: info@cragсадventures.com T: 07800648096

CRAGS ADVENTURES

ONLINE MEDICAL FORM

NAME OF PARTICIPANT:		AGE:	
DATE OF BIRTH:		CLOTHING SIZE (Ghyll Scrambling Only):	

EMERGENCY CONTACT (ICE):	
CONTACT NO:	
CONTACT EMAIL:	

MEDICAL/HEALTH DETAILS	YES	NO	FURTHER DETAILS
Diabetes			
Epilepsy			
Disabilities (e.g. ADHD, Cerebral Palsy, Dyspraxia)			
Joint or Muscle Problems			
Asthma			
Recent Surgery			
Heart Disorder			
High or Low Blood Pressure			
Any Other Medical Condition			
Are You Taking Any Medication			
Do You Have Any Dietary Requirements			
Are You Able to Swim 25m			

1) Name and contact of your doctor:

2) Please state if there is any reason why you should not participate in any of the following activities:

Ghyll Scrambling / Abseiling / Rock Climbing / Mountaineering / Via Ferrata / Hiking / Swimming



CRAGS ADVENTURES

DECLARATION FORM

DECLARATION:

I have visited http://www.cragсадventures.com/terms_and_conditions/ and I have read and fully understood the terms and conditions. I am also aware that the nature of the activity/course could be physically demanding.

I am/my child is in good health and I consider **myself/my child** capable of taking part in activities run by *Cragс Adventures*. I consent that in the event of any illness or accident, any necessary treatment can be administered to **myself/my child**. I understand that *Cragс Adventures* has full public liability insurance cover, however it is my responsibility to arrange appropriate personal insurance cover for **myself/my child** for the activities being undertaken with *Cragс Adventures*.

I accept that rock climbing, mountaineering, abseiling, ghyll scrambling, via ferrata and hiking are inherently dangerous and the risk of serious injury or even death can never be completely eliminated. I agree to abide by all decisions and instructions made by *Cragс Adventures*, its instructors, coaches and representatives regarding safety issues.

I understand, that although it is very unlikely, I may receive breaks. I also understand that bruising, scrapes, grazes and cuts are highly likely due to the nature of the activity I have chosen. I understand *Cragс Adventures* cannot accept responsibility for preferred clothing and equipment used by the customers for use in the outdoors.

I **agree/disagree** to **myself/my child** having photographs taken during the activity session, to be used only by *Cragс Adventures* for publications or media coverage. I also understand that photographs taken by *Cragс Adventures*, its instructors, coaches and representatives are owned by Craig McMahon/Vickie McMahon of *Cragс Adventures*.

I accept that the Activity Leader has the discretion/power to ban/exclude any participant from the activity whose behaviour is unacceptable and causes disruption to the session and in that case it will be my responsibility to leave the activity with my child.

On completing the booking/medical/declaration forms and returning them signed via email to the following address: info@cragсадventures.com I understand that I am acknowledging that I agree to all the terms and conditions and I fully agree to abide by them. I also acknowledge that all the information given on the booking/medical/ declaration form is correct and that I have fully understood all questions asked.

NAME:	DIGITAL SIGNATURE:	DATE:

If participants are under 18 years of age then this form must be completed and signed by a parent/guardian.

NAME OF PARENT/GUARDIAN:	DIGITAL SIGNATURE:	DATE:

