

5. MEDICAL CONDITIONS

Please give details of any medical condition / medication which any one is your group has including any treatment they are receiving.....

.....(Please see our individual group list for larger groups)

6. RISK : |

i) Mountaineering, hill walking, rock climbing, kayaking, canoeing & dinghy sailing are all risk activities. *The level of risk can be minimised and controlled by being accompanied by an appropriately qualified leader or instructor. There will always be an element of risk involved in any adventurous outdoor activities. You should not do these types of activity or lead others unless you accept the possibility of injury.*

ii) I have read and completed both sides of this form & accept that this booking is dependent on confirmation from Snowgoose Mountain Centre.

iii) I have read and agree to the conditions of booking as printed on Snowgoose Mountain Centre course leaflet. Where a multiple booking is being made, I will make all information available to all course participants.

iv) I realise & accept that participation in all activities with Snowgoose Mountain Centre is entirely at my / our own and individual's risk.

v) I / we accept that Snowgoose offers sound safety advice and will advise if weather or other circumstances dictate that it is inadvisable to continue with the planned itinerary. A suitable alternative will be suggested.

v) Details of maximum/minimum participants are provided in our literature.

Signed..... **Date**.....

vi) Previous personal experience → See attached list below

This is to help us help you get the most out of your holiday or expedition - as well as ensuring that you will be participating in an activity at an appropriate and safe level. *Please complete one for each person.*

7. Payment Details

£

Total Course cost (incl. VAT)
I enclose a non-refundable deposit of 30% of the total course fee or Payment in full if less than 6 weeks before the holiday date

Total £enclosed

Balance £due 6 weeks before course start date

Total Course costs

Please Tick (✓) your method of payment below.

	Cheque	Online from Web site	Internet Banking : See note below	BACS : See note below
Paid By				

Please make all cheques payable to **Snowgoose Mountain Centre** at the above address

Payments from overseas Note 1 : | All payments must be in full in GB £ Sterling. **Note 2 :** | If you are paying through an overseas bank in a different currency there may well be a significant additional charge to pay in GB £ Sterling – to save our clients from this bank charge we are happy to accept non GB Sterling payment in your local currency at your current exchange rate PROVIDED that the difference is made up in cash on your arrival.

Snowgoose Mountain Centre

Individual Contact Details for small & larger groups taking part in activity sessions / adventure days / courses & guiding with Snowgoose Mountain Centre

Please add the names of members of your group below – this is for your emergency contact only. We need each person in your adventure activity group to make a brief note of relevant previous experience – this is purely for your own safety and others in the group. A note of any medication / medical conditions should be made.

1. Name _____
Address
.....
.....

Contact Tel No **Emergency Contact Tel No**
Previous Experience.....
.....
.....

Any Medical Conditions / Medication
.....

Age Signature.....

2. Name _____
Address
.....
.....

Contact Tel No **Emergency Contact Tel No**
Previous Experience.....
.....
.....

Any Medical Conditions / Medication
.....

Age Signature.....

3. Name _____
Address
.....
.....

Contact Tel No **Emergency Contact Tel No**
Previous Experience.....
.....
.....

Any Medical Conditions / Medication
.....

Age Signature.....

4. Name _____
Address
.....
.....

Contact Tel No **Emergency Contact Tel No**
Previous Experience.....
.....
.....

Any Medical Conditions / Medication
.....

.....
Age Signature.....

5. Name _____

Address

Contact Tel No **Emergency Contact Tel No**

Previous Experience.....

Any Medical Conditions / Medication

Age Signature.....

6. Name _____

Address

Contact Tel No **Emergency Contact Tel No**

Previous Experience.....

Any Medical Conditions / Medication

Age Signature.....

7. Name _____

Address

Contact Tel No **Emergency Contact Tel No**

Previous Experience.....

Any Medical Conditions / Medication

Age Signature.....

8. _____

Address

Contact Tel No **Emergency Contact Tel No**

Previous Experience.....

Any Medical Conditions / Medication

Age Signature.....

