

BOOKING FORM



FIRST NAME:

SURNAME:

ADDRESS:

POSTCODE:

TEL NO.

EMAIL:

VEHICLE REG:

EMERGENCY CONTACT DETAILS:

NAME:

TEL NO.

COURSE REQUIRED:

DATE OF COURSE:

DWCC accepts its responsibilities to make its courses and activities as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free.

Accidents can happen without any contributory negligence from the centre or its staff. DWCC can accept no responsibility for loss or damage to personal property or for personal injury not arising as a result of its own act or default.

I understand and accept the above statements and accept that I have a responsibility to take careful note of the safety briefing and all instructions and to act in a way that will minimise the likelihood of injury. I am fit for the course and will inform the centre of any special medical conditions that might affect my safety.

Relevant medical Information:

DECLARATION:

I confirm that I can swim and consider myself to be water confident. I confirm that I have answered all questions truthfully and disclosed any relevant medical information.

SIGNATURE:

DATE:

OFFICE USE:

PAYMENT RECEIVED:

PAYMENT METHOD: