

Please complete and return this form (separate form per participant) to **Mountain Aspirations, 39 Meadowfield Road, Barnby Dun, Doncaster DN3 1LN** with your deposit (25% of course fee) or the full amount if within 4 weeks of start date or a 'Skills Clinic' booking. Cheques payable to 'Mountain Aspirations'.

PERSONAL DETAILS

Name	Age
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Address
Postcode

Home telephone	Mobile telephone
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Email

COURSE DETAILS

Title	Date
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Previous experience and aspirations

MEDICAL INFORMATION

Emergency contacts during course. This will be kept confidential to Mountain Aspirations staff.

Name	Telephone
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Any health, medical issues or injuries that may affect your participation

CONSENT

I agree to authorise Mountain Aspirations (or associate staff) during the course or activity to approve any medical treatment that may be deemed necessary in an emergency and/or in accordance with the recommendations of a qualified medical practitioner.

Signed: Date:
(If under 18, signature must be of parent or guardian)

DECLARATION

1. I have read and understood the terms and conditions relating to this booking, in particular those regarding cancellation.
2. I accept that bookings are accepted on the basis that all safety requests from Mountain Aspirations staff and associates are observed at all times.
3. I accept that Mountain Aspirations are not under any liability whatsoever in respect of loss or damage to personal property and I have read and understand the information provided on insurance cover.
4. I acknowledge that climbing and mountaineering are activities with a danger of injury or death; I accept these risks and will be responsible for my own actions and involvement.

Signed: Date:
(If under 18, signature must be of parent or guardian)

