

BOOKING FORM



Course Details

Activity

Activity Date

or Voucher

Your desired route, mountain or peaks

Please tick

On receiving your Booking Form we will contact you with payment options

Personal Details

Name

Date of Birth

Address

Home telephone number

Mobile telephone number

Post code

E-mail

Person we can contact in the event of an emergency

NAME

TEL

Medical Information (medication, conditions & recent injuries)

Please continue at the end or on a separate page if you wish to keep confidential

Booking Details

We will endeavour to stay to your desired route, however route choice is at the discretion of Glenridding Guides and may alter on the day.

Poor weather cancellation is at the discretion of Glenridding Guides & you may be notified on the above activity date.

In the event of Glenridding Guides having to cancel we shall try to reschedule to the agreement of all parties. If this is not possible a full refund will be given.

No refunds shall be given to customers not observing safety instruction, dressed inappropriately or not fit enough to participate in the chosen activity. Not observing safety instructions will lose Glenridding Guides' duty of care.

Anyone under the age of 18 must be accompanied by a parent or legal guardian.

Glenridding Guides accepts no liability for personal property lost or damaged whilst on activity and you shall cover the cost of any equipment that is lost or damaged from misuse.

Full payment must be received 28 days before activity date and will only be confirmed upon full payment. Cancellation 27 days before activity date will incur a £40 admin cost.

Cancellation insurance is recommended. If you have personal insurance check it does not exclude above activity.

You accept accidents or injuries can occur whilst on the above activity and Glenridding Guides will do its best to limit the risk of injury and can not be held liable for accidents.

I have read & understand Glenridding Guides' booking details
Please tick the box

Date

Gro up Details

Name Date of Birth

Emergency Contact Details
NAME TEL

Medical Information (medication, conditions & recent injuries)

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Group Details

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Medical Information Continued & Additional Information