ProAdventure
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CUSTOMER DECLARATION FORM

Please complete ALL sections CLEARLY in BLOCK CAPITALS.

Date d d m m y y Activity/Course

Forename Surname

Address

Postcode Telephone

Email

Do you have any medical conditions or disabilities? YES / NO If yes please give details.....
.....

Do you have any medication with you? YES / NO (delete as applicable)
Will you carry it with you at all times? YES / NO (delete as applicable)

In cases of epilepsy, fitted pacemakers and other such medical conditions it may be wise to obtain advice from your doctor before undertaking any strenuous activities.

Name and Address of Next of Kin:.....
.....

Adventure activities are physical and demanding sports, which obviously have inherent hazards associated with them. Whilst ProAdventure Ltd take all necessary precautions to try and ensure the safety of all participants, unfortunately accidents can occur. Each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with ProAdventure Ltd's risk management guidelines.

The management accepts no responsibility whatsoever for any loss or injury resulting from any persons' involvement in adventurous activities. Furthermore it is understood and agreed that individuals participate at their own risk.

ProAdventure Ltd's instructors are qualified and suitably experienced to lead the activities they run. For your own safety, and that of all other members of the group, you must follow their instructions at all times.

If for some reason you are not enjoying yourself, please tell your instructor, and complete a feedback form after the session, so we can further strengthen and improve our level of service.

I declare that the above information is correct and I accept that adventurous activities do contain an element of risk. I choose to accept those risks.

I understand that it is my responsibility to supervise the children (under 18 years) named below, and to ensure their compliance with ProAdventure Ltd's requirements.

Name of child 1.....Name of child 2.....
Name of child 3.....Name of child 4.....

I have read (or heard) and understood the safety briefing YES / NO (delete as applicable)

Signature:.....

We do not pass or sell your details to any third parties.
Please tick here if you do not wish to be added to our mailing list q

ProAdventure Ltd. 2009