

Please complete & send this form (separate form for each participant) to  
**Peak Mountaineering, Tor Lea, Millbridge, Castleton, Derbyshire, S33 8WR**  
enclosing a 50% course deposit (or 100% if within 8 weeks of start date).

Please make cheques payable to Peak Mountaineering.

For credit card payments please email us and we will send you a secure Paypal payment request.

## PERSONAL DETAILS

Name		Age
Address		
Postcode	Email address	
Home telephone	Mobile telephone	

## COURSE DETAILS

Title	Dates
Please briefly list any previous experience of activity and future aspirations	

## MEDICAL INFORMATION

Emergency contacts during course

Name	Telephone
Name	Telephone

Please briefly list any health or medical issues that may affect your participation
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## CONSENT

I authorise Peak Mountaineering to approve any medical treatment during the course that may be deemed necessary in an emergency and/or in accordance with the recommendations of a qualified medical practitioner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(For under 18's signature must be of parent or guardian)

## DECLARATION

1. I have read and acknowledge the Terms & Conditions relating to this booking.
2. I accept that bookings are accepted on the basis that Peak Mountaineering's safety instructions will be observed at all times.
3. I accept that Peak Mountaineering 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: \_\_\_\_\_  
(For under 18's signature must be of parent or guardian)