



HILLS IN MIND BOOKING & CONSENT FORM

To book a place on an activity, please complete all details below.

Event:

Date:

1. Personal Details:

Name _____ DOB _____

Contact Number & Email Address _____

Postal Address _____

Emergency Contact Name & Number _____

Medical Conditions, Disabilities & Specific Requirements _____

PLEASE ENSURE YOU BRING ANY MEDICATION THAT REQUIRE THROUHOUT
THE DAY OF THE ACTIVITY

2. Experience & Interests:

Do you have experience of walking in the countryside, hills or mountains? _____

Please provide details of any regular exercise that you take part in _____

Please provide details of anything of personal interest to you, that you would like to gain from attending this activity _____

Occasionally we take photographs for our social media sites and website. Please tick here if you do not wish to appear on any of our publications -



3. Cancellation Policy:

If a client cancels up to 14 days before the event, they will receive a 50% refund.

If a client cancels on the day of event, they will receive no refund.

All cancellations must be notified in writing and will be discussed upon receiving.

Hills In Mind have the right to cancel an event due to inclement weather, or illness of the walk leader. In such circumstances, a full refund will be given. Hills In Mind have the right to change the route of the walk on the day, due to weather conditions or individual / group needs. The walk leader has the right to refuse anyone that is wearing inappropriate clothing, ignores safety instructions or uses inappropriate language and behaviour. Should an individual decide to leave the group part-way, Hills In Mind have no further responsibility for that individual.

4. Safety & Outdoor Environment:

The outdoor environments present their own individual challenges and have different terrains and features. Therefore, a reasonable level of fitness is expected to meet the demands of the activity. The outdoor environments also have their own hazards and risks, and clients are expected to take responsibility of their own actions, and abide by any safety decisions that are taken by the walk leader.

I confirm that I am the participant taking place in the activity, and that all information is correct at the time of completion -

I confirm that I have a level of fitness that is required for the activity I have registered for -

I agree to any medical treatment or emergency treatment, should an injury occur on the day of the event -

I recognise that the outdoor environment involves activities with a danger of personal injury or death. As a participant in these activities I am aware of and accept these risks and I am responsible for my own actions. I undertake to not be under the influence of alcohol or other drugs that may impair my ability to safely take part in this activity -

Name _____

Date _____

YOUR RECORDS WILL BE KEPT CONFIDENTIAL