

Course Booking Form

PERSONAL DETAILS

Name			
Contact Address	Home Phone		
	Mobile		
DoB		Email	
Medical Conditions, Allergies or Significant Disabilities?			

COURSE TITLE AND DATE OF COURSE

--

RELEVANT QUALIFICATIONS AND EXPERIENCE

British Canoeing Membership Number (if known) _____

EMERGENCY CONTACT DETAILS

Name		Telephone
Address		

PAYMENTS

[How to make payments](#)

If invoicing an employer, please provide employer e-mail, contact name, and postal address.

PLEASE INDICATE HOW YOU FOUND OUT ABOUT WILD RIVER

--

DECLARATION

<p>I have read and accept the Terms and Conditions relating to this booking, especially those relating to cancellation. I accept that Wild River is not under any liability whatsoever in respect of loss or damage to personal property, not caused by the negligence or default of Wild River and its associates whilst attending the course.</p> <p>I understand that participation in adventurous activities entails some risk and that Wild River will at all times proceed in a manner to limit this risk. I understand that I am fully responsible for my own actions and involvement in these activities.</p> <p><i>Participants should accept that accidents and injury can occur.</i></p> <p>Signed _____ Date _____</p>
--