



## **Booking Form**

## PERSONAL DETAILS

Name:	Age:
Address:	
Home Phone:	Mobile:
Email:	<del>-</del>
BOOKING DETAILS	
Course / Activity Title:	
Dates:	
MEDICAL / EMERGENCY INFORMA	TION
doubt, consult your doctor or contact us be	cal conditions that may affect your participation in the activity. If in fore booking.
	act that will be reachable during your course / activity.  Phone:
Name:	Phone:
PHOTOGRAPHY	
	nese may be used in advertising, including on the Martin Digby photographs were not published, please put an 'X' in the box.
<ul> <li>I confirm that I am in good health and</li> <li>I have read and understand the Terms</li> <li>I agree to follow instructions given by safety of myself and others.</li> <li>I accept that 'Martin Digby' is not lial recommendations on insurance cover.</li> <li>I acknowledge that activities provided and the responsibility for my own activities</li> </ul>	by 'Martin Digby' have a risk of injury or death. I accept these risks ons and involvement.
Signed:	Date:

For under18s, signature must be of parent / guardian