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| --- | --- |
| **Participant(s) booking details** |  |
| Submission date |  |
| Description of booking |  |
| Name(s) and phone number(s) |  |
| Emergency contact name(s) and phone number(s) |  |
| Relevant experience |  |
| Medical conditions(s) (such as asthma, epilepsy, angina, diabetes, musculoskeletal injuries) |  |
| Allergies |  |

|  |  |
| --- | --- |
| **Marketing** |  |
| Il credit the source for any photos received. |  |
| I am happy for photos of me to appear on social media.  |  |
| I would like to receive occasional updates on services Peter Herd offers. |  |
| How did you hear about Peter Herd? |  |

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| **Booking terms** |  |
| I understand climbing and mountaineering present risk and i accept as element of risk of injury. |  |
| I understand Peter Herd is qualified, experienced and insured and that he is responsible for activity delivery. |  |
| I will abide by safety regulations provided. |  |
| I understand it is my responsibility to obtain cancellation and personal accident insurance. |  |
| I understand:Full payment is due 14 days prior to date of booking. For bookings made at short notice full payment is due within 14 days upon receipt of invoice. Cancellations made within 14 days prior to booking are not refundable. In this instance every effort will be made to reschedule. Cancellations as a result of CV-19 related travel restrictions are fully refundable.  |  |