

Sea Kayak Plockton Booking form

Course type	
Course date	
Name and Address	
First Name	
Surname	
Address	
Postcode	
Email	
Telephone daytime	
Mobile telephone	
Name and telephone number of person to be contacted in an emergency	
Please declare any medical conditions, allergies or significant disabilities	
Age (only if under 18)	

I agree to the current terms and conditions found at www.seakayakplockton.co.uk

I appreciate that sea kayaking may be hazardous by its nature and I accept a certain element of risk

Under 18 (a parent / guardian must sign the form)

I agree to my child taking part in the activity and I have declared any medical conditions that might be relevant

I agree that photographs of my child can be taken and used in promotional material by Sea Kayak Plockton only. If you disagree tick here

Sign or print here:	Date:
---------------------	-------