



Group Booking Form

Date Of Activity

VOUCHER PAID INVOICE

Day Of Activity

Purchase Number

Party Refresher School P&C Taster Group
(Please circle)

Please complete the form in BLOCK CAPITALS

Group Name _____ Age Group _____

Contact Name _____ Contact Number _____

Address _____

Postcode _____

Start time _____ Finish time _____ Duration _____

Total number of climbers _____ Price Per Person £12.50 (1 HOUR)

Number of instructors _____ £15 (1.5 HOURS)

Total number having food _____ £17.50 (2 HOURS)

OTHER

Area Hire £12.50

Catered £5.00 Per Person

INGREDIENTS AND ALLERGENS

As the party organisers it is your responsibility to inform the staff of Alter Rock Ltd if any of your guests eating food (provided by Alter Rock Ltd) have allergies or reactions to food which may harm them, by either touching or eating the food provided.

There is a food list provided with ingredients for you to look at if you have any doubts about the food provided. Please sign that you have read and understood the above:

Name _____ Sign _____ Date _____ Time _____

Booking taken by

Staff Name _____ Date _____

Payment taken by

Staff Name _____ Date _____

Confirmed by _____ Date _____

Group Organisers Declaration

Participation Statement "The British Mountaineering Council (BMC) recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

By signing this form Instructors/Organisers are confirming that they understand the following:

Instructors not in the employment of Alter Rock Ltd are not covered by Alter Rocks Ltd's insurance.

All Instructors supervising more than two people must have a climbing qualification recognised by the MLTB, BMC or be site specific and must provide Alter Rock with a copy of the climbing qualification made valid by an up to date first aid certificate.

You must answer the following questions by writing either YES or NO in the box provided, then sign the declaration at the bottom of this form. Group members will only be allowed to climb once satisfactory answers to the questions have been given by the group organiser.

Are you over 18 years of age?	
I have read and understood the Conditions of Use and Rules of the centre.	
I understand that failure to exercise due care could result in injury or death.	
I agree to ensure that the group abides by the Conditions of Use/ Rules of the centre.	
I have permission from all group members or their guardians to sign this form on their behalf.	
I will ensure that all group members are aware that they do not have to take part.	
Do you have any questions regarding the application of the Conditions of Use or Rules.	

Declaration of Fitness: I certify that to the best of my knowledge, none of the group suffer from any medical condition which could result in an accident causing injury to themselves or others.

Full Name

Signature

Date

	Climber's Name	DoB		Climber's Name	DoB
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		