**2019 Booking form**

**I would like to book on to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expedition** | **Dates** | **Area/ pickup train station** | **Price\*** |
| **Silver Paddle Training and Practice (combined)** | 15-18 April 2019 | **River Trent / Burton** | **£500** |
| **Silver Paddle Qualifier**  | 29 July- 1st August 2019 | **River Trent / Burton**  |
| **Silver Walking training and Practice** | 24th- 27th June 2019 | **The National Forest, South Derbyshire** | **£400** |
| **Silver Walking Qualifier** | 4th- 7th August 2019 | **Edale, Peak District** |
| **Gold Paddle Training (2 day)**  | 6-7th July 2019 | **River Thames, Abingdon** | **£650** |
| **Gold Paddle Practice (3 day)** | 31 August- 2nd September 2019 | **River Wye, Hereford** |
| **Gold Paddle Qualifier (5 day)** | 14-18th October 2019 | **River Trent, Burton** |
| **Gold Paddle training/ Practice (5 day)** | 22nd- 26th July 2019 | **River Trent, Burton** | **£650** |
| **Gold Paddle Qualifier (5 day)** | 12th- 16th August 2019 | **River Severn,**  |
| **Gold Walking Practice** | 5th- 9th August 2019 | **Peak District, Edale** | **£510** |
| **Gold Walking Qualifier** | 19-23rd August 2019 | **Yorkshire Dales, Horton-in-Ribblesdale** |

**Participant’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname/family name: |  |
| Home Address: |  | Local organisation / Direct Learning Centre contact details:(Name of centre, contact person and email address or phone number) |  |
| Date of birth: |  | eDofe number: |  |
| Contact email address: |  |
| Contact phone number: |  |

**Next of kin / emergency contact details (parent/ guardian if under 18)** *Please list 2 contacts, at least 1 of whom must be in the UK at the time of the expeditions*

|  |  |  |
| --- | --- | --- |
|  | **Primary contact** | **Alternative emergency contact** |
| Full name: |  |  |
| Relationship to participant: |  |  |
| Home Number: |  |  |
| Mobile Number: |  |  |
| Work number: |  |  |
| Address (if different from participant): |  |  |

**Medical information**

It is your responsibility to make known any disability/medical condition that may affect you during the expedition and training, and any medication that you may require. This information will be shared with those responsible for supervising the activity. Disclosure of health issues will not prevent participation, only help us to ensure that appropriate care is given and if necessary that the expedition can be adapted to meet your needs while still presenting a challenge. If we feel it is useful to inform your team mates we will discuss this with you (and parent/ guardian if under 18) to gain your consent first. All disclosures will be dealt with in a sensitive manner, and any sharing of information with team mates will be to ensure that effective first aid can be administered during the unaccompanied parts of the expedition.

|  |
| --- |
| Have you ever suffered from any serious medical conditions, such as:Asthma/bronchitis, heart condition, fits or seizures, fainting or blackouts, severe headaches, diabetes, severe allergic reaction? YES / NOIf YES please provide details:*Heplful to include: regularity of occurrence or triggers, usual length of seizures or episodes, normal BM if diabetic, details of any emergency medication to be administered.* |

|  |
| --- |
| Are you currently taking any medication? YES / NOIf YES please specify: |
| When did you last have a tetanus vaccination? Year:  |

|  |
| --- |
| Are you currently suffering/recovering from any injuries or medical conditions which may affect your ability to participate in any element of the expedition? YES / NOIf YES please provide as much detail as possible: |

|  |
| --- |
| Do you have any special dietary requirements? YES / NODo you have any allergies? This includes allergies to foods, medication, animals, etc YES / NOIf YES to either of the above please provide details: |

|  |
| --- |
| Do you have a disability, learning difficulty or medical condition which may affect your learning or ability to participate in practical or theoretical sessions or process information? YES / NOIf YES please provide details: |

**Safety & Participation statement**

Adventurous activities are potentially hazardous, with a danger of personal injury. Rich Adventure employs only instructors, supervisors and assessors who hold the relevant qualifications for the activities undertaken during the expedition. To enable Rich Adventure to manage risks effectively, participants must agree to acknowledge the need for responsible behaviour, and that the instructor’s word is final on matters of safety. Staff will provide participants with safety training and equipment and ensure that the team can demonstrate competence in their mode of transport and how to deal with an emergency situation before the unaccompanied element of any expedition. The nature of any expedition relies on teamwork to ensure each other’s safety until external help can be sought; the expeditions are unaccompanied and teams are self-sufficient, with supervisors meeting each team a few times a day and at camp. At Gold level our staff are not present overnight, but ensure that teams have method of communication in case of emergency.

**Declaration of parent or person with legal responsibility/ duty of care:**

I the parent/guardian of……………………………………….…………………….. hereby acknowledge that I have read the above safety & participation statement and understand it. I have explained them to my child, who understands and agrees to abide by it.

**Personal declaration for participants over 18:**

I ............................................................. hereby acknowledge that I have read the above safety & participation statement and understand it and agree to abide by it.

**Medical consent**

I give permission to the organisers of activities during the training and expeditions to administer any relevant treatment or medication to the above-named participant when or if necessary YES/NO

In an emergency situation I authorise the organisers to take me/ my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that next of kin shall be notified of the hospital visit and any treatment given by the hospital subject to participant’s consent. YES/NO

**Parent/ Guardian:** I have read the information provided in this form and checked that my child has not ommitted any important elements such as allergies they may have forgotten about. YES/NO

**Consent for use of images and/ or video**

Rich Adventure are a small, family run business, and we like to celebrate the achievements of our teams via social media, to promote our business and our links with schools. We also occasionally update the pictures on our website. We do not use participant’s names online alongside pictures or videos (unless participants choose to introduce themselves as part of the video).

Please indicate whether you are happy for photos and videos of your child to be used, as follows:

I am happy for photos and videos of me/ my child to be used on the Rich Adventure website and social media channels (Facebook, Twitter, Instagram): YES/NO

I am happy for photos or videos of me/my child to be used on Rich Adventure printed promotional materials, such as flyers and booklets to be distributed at school/ DofE marketing events: YES/NO

If you have indicated NO above, but are happy for media to be used in a limited capacity (for example, on the website but not social media, or on twitter but not facebook), please tell us in your own words here:

Sometimes photos are taken in error with a participant who has not given consent for pictures to be used in the picture. Images are always checked before uploading and any pictures including participants who have not given consent will be immediately and permanently deleted. Images that are used for marketing and shared online will be securely stored on a password protected cloud based system, and deleted after 2 years.

**Payment**I agree to pay for the expedition package as priced on the booking form once I have been invoiced. I understand that returning this form reserves me a place on the expedition and constitutes a contract for services. I have read this form and the terms and conditions attached and wish to book an expedition.

Signed: (participant) ………………………………………………………………………………………..

Signed: (parent/guardian if under 18)………………………………………………………..…………………………

Name: (please print) …………………………………................................. Date: …………………..

**Terms and Conditions**

**Payment**

A 50% deposit will be due within 14 days of invoice, which will be issued after the receipt of this form. Payment can be made by cheque or bank transfer and you will receive an acknowledgement of payment as soon as funds have cleared. Please use participant’s name as a payment reference so we can match up the payment. The remainder will be due 1 month prior to the start of the expedition.

**Cancellations**

**Cancellations by us**We reserve the right to cancel the expedition, should the required number of bookings not be achieved by 1 month prior to the first day of expedition or training. This is because there is a minimum number of 4 participants per team set by The Duke of Edinburgh’s Award, which is in place for safety reasons. We will notify you as soon as the minimum number is achieved at which point the expedition is considered to be confirmed. Should we need to cancel due to number of bookings not being met, all participants will be offered a full refund of any money paid or a place on an alternative expedition if available.

**Weather conditions / unforseen circumstances**If adverse weather conditions are forecast, we will prioritise the safety of the group in our decision making. This may mean changing the route and/or location of the expedition, or looking to arrange alternative dates (for example, if it is a canoe expedition and due to heavy rain all local rivers are in flood and therefore the conditions are too dangerous). If we need to cancel due to weather, participants will be offered alternative dates or a credit note, as we book staff specifically for each expedition and may still have to pay any cancelled staff or campsite fees.

**Withdrawal during the expedition**

Should a participant wish to withdraw from the expedition, staff must be contacted and will meet with the group when it is safe and practical to do so in order to arrange extraction. In this situation the priority is the safety of all participants (including other teams) and therefore extraction may be delayed unless it is due to a medical emergency. Please note that withdrawals will not receive any refund as their place on the expedition cannot be re-sold. Should team numbers drop below 4 we will endeavour to combine with another team if possible or find a stand-in to allow the expedition to continue. The decision to withdraw should not be taken lightly as it will have an impact on the rest of the team and may cause them to have their expedition re-scheduled.

**Withdrawal prior to the expedition**We accept that there are circumstances where participants may need to withdraw prior to the first training day, or between expeditions, whether this is due to health reasons, family reasons or other factors. Any financial reimbursement will be issued on a case-by-case basis, or we will look to accommodate you on an alternative expedition.