

Alpine Paragliding Application Form

Use mouse to access fields

Name	_____	e-mail address	_____
		Mobile Number	_____
Address	_____	Home Phone	_____
		Nationality	_____
Post Code	_____	Date of Birth	_____

Next of Kin Name & Telephone Number _____

Previous trekking/climbing experience if applicable: _____

Paragliding experience if applicable: _____

Existing BHPA/IPPI Membership No & Expiry Date	_____	Your Pilot Rating	_____
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Payment Method _____

Do you have any special requests? _____

Single Room Supplement _____

Complete if known			
Arrival Date & Time	_____	Airline	_____
		Departure Date & Time	_____

I agree to pay Alpine Paragliding the cost of the expedition and any extra services (if requested), and confirm I have/will take out suitable travel insurance to cover cancellation, medical, trekking if applicable, missed departure, repatriation and paragliding if applicable. I understand the risks of paragliding if applicable and the dangers associated with the sport. I accept that I am solely responsible for my actions and consider myself competent enough to take part in the expedition and that I am physically fit.

THIS IS NOT A DISCLAIMER BUT AN ACKNOWLEDGEMENT OF THE RISKS ASSOCIATED WITH AN EXPEDITION OF THIS KIND.

Alpine Paragliding endeavour to minimise any risk as far as is reasonably practicable, risk cannot however be eliminated altogether. I confirm that I recognise and wish to personally assume the associated risks of this adventure trip.

I acknowledge that by undertaking this trip with Alpine Paragliding I may be exposed to risks **beyond the reasonable control of Alpine Paragliding** and I confirm that I willingly and personally assume these risks.

- Please tick if you agree with the above statement and information
- Also that I have read and accept the conditions as specified in the Booking Conditions

Date Deposit Received:	Date Balance Due:	Date Balance Received:
Amount Received: £	Amount Due: £	Amount Received: £
Date Confirmation Sent:	Date Reminder Due:	Date Confirmation Sent:
Single Room Supplement £	Yes / No	

Request to Purchase Equipment: _____ Equipment Paid: _____

Travel Insurance Company Name:	Policy No:
Travel Insurance Company 24 Hour Emergency Contact Tel No:	

Arrival Date & Time:	Airline:	Departure Date & Time:
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