



Mountain Circles - Booking Form

Name _____

Course _____

Start Date _____ / _____ / _____

Hire Kit required yes/no

Do you have any medical conditions or injuries we should know about or that might affect your ability to participate in the course?

If so, please give us some details

Please read the terms and conditions on our website (www.mountaincircles.com) and sign below to confirm you understand what the course includes and the associated risks.

Statement of Participation

I understand that Climbing/Mountaineering has a certain level of unavoidable risk and that in some rare cases injury and even death can occur. I understand that whilst out with Mountain Circles I'll be accompanied by appropriately qualified Guide/Instructor and that I should follow their guidance and instructions at all times whilst on the course.

(Please sign to show you understand the above statement)

Signature _____

Date _____ / _____ / _____



MIC
mountain instructors
community

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