

# SunSoar Paragliding Ltd

## Fly/Ski Booking Form

### Personal details

Name \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ Emergency No: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ (For insurance purposes)  
email address: \_\_\_\_\_  
Paragliding experience: Qualification \_\_\_\_\_ Hours airtime: \_\_\_\_\_  
Your equipment: Wing \_\_\_\_\_ Harness \_\_\_\_\_  
(A reserve parachute is mandatory and a 2m radio is highly recommended)

### Course details

Please note that on this trip all rooms are shared twins. Do you smoke? YES/NO

Date: From \_\_\_\_\_ until \_\_\_\_\_ . Total course cost: £ \_\_\_\_\_

### Holiday Insurance

Adequate paragliding and ski holiday insurance cover is obligatory. We work with TGIC insurance to offer you a very competitive policy at excellent rates. Please use the link on our home page: [www.sunsoar-paragliding.com](http://www.sunsoar-paragliding.com). You should book this now so that you are covered for cancellation etc before departure. **It is important that you email or post us a copy of your policy as soon as you book it.**

I have booked insurance via your website  I have booked insurance elsewhere

### Payment

We require at least a non-refundable deposit of £100 plus insurance (if required) with booking

Deposit/Course Fee: £ \_\_\_\_\_

Total Enclosed: £ \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Valid from: \_\_\_\_\_ Issue No. \_\_\_\_ 3 digit security code: \_\_\_\_\_

Cheque enclosed (payable to SunSoar Paragliding):  **The course balance is due at least 21 days before departure.**

### Your Flight Details

Outbound: Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Time: \_\_\_\_\_ Flight No.: \_\_\_\_\_

Return: Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Time: \_\_\_\_\_ Flight No.: \_\_\_\_\_

### Declaration

I have read, understand and agree to the booking and flying conditions enclosed.

Signed..... Date.....

Please tick here if you do not wish to be added to our email newsletter list. We do not give your details to anyone else.

Please return your form to:

SunSoar Paragliding Ltd, Wild Cherry Barn, Greyber, Maulds Meaburn, Penrith, CA10 3HX Tel: 0845 220 6066

***To ensure that everyone's course is as safe and as enjoyable as possible, it is important that you read and understand these booking and flying conditions before signing below and overleaf:***

**Course fees:** Please encloses your course fee with your booking. If you are booking more than 60 days in advance you may hold your place with a deposit of £100 per person per week. The balance to arrive at our office no later than 21 days prior to the commencement date. Course fees can be paid by cheque or by credit/debit card. Cheques should be made payable to "SunSoar Paragliding." Please note that you must take adequate cancellation and travel insurance at the time of booking. It is a condition of booking that you must have medical repatriation insurance that includes the paragliding risk before embarking on any courses/trips outside the U.K. (We can arrange this for you). Course fees cannot be refunded once places are booked. You must also be a member of the British Hang-Gliding and Paragliding Association.

**Telephone bookings:** It is possible to reserve a place by phone, however your booking form and payment must be received by us before your place is officially reserved.

**Bad Weather:** We choose our venues and times to minimize unflyable weather, but of course as with any activity dependent on Nature, there is a risk of strong winds or other unsuitable weather conditions and SunSoar Paragliding Ltd reserves the right to cancel flying at any time. We are unable to offer refunds in this situation.

**Alternative Activities:** A number of alternative activities may be available. during the time of your course, including climbing, water sports, snorkelling, biking, caving etc. and other sports involving an inherent element of risk. Apart from paragliding, all such activities are provided not by us but by local individuals and organizations who are solely responsible for all aspects of your safety and participation in the activity concerned. SunSoar Paragliding Ltd and all of their instructors, servants and employees hold no responsibility for any of the aforementioned activities or any incidents that take place relevant to them.

**Flying Conditions:** I understand that paragliding could be a dangerous activity, and carries an inherent element of risk. I unreservedly indemnify SunSoar Paragliding Ltd; it's directors, instructors, servants or agents for any loss or injury howsoever caused during my participation in the sport or attendance of a course or while travelling.

***I understand that the instructors during my course have liability insurance limited to £25,000 per claim. I understand that it is advisable to have sufficient personal accident insurance and that it is my sole responsibility to arrange this.***

I certify that I am physically able\* and do not now or have ever suffered from any conditions that could affect my ability to participate in the sport of paragliding. These include but are not limited to: Epilepsy, Diabetes\*, Any heart condition, Vertigo or dizziness etc.

I am not taking medication or drugs of any kind, nor shall I do so during my course unless so medically advised. Neither shall I consume ANY alcohol during, or in the twelve hours preceding tuition or be under the influence, or suffering from the effects of alcohol consumption.

I understand that the instructors' decision to cease flying or terminate the course of any student for whatever reason to be final and binding. I understand that deliberate failure to comply with instructions concerning both flying and general conduct during the course may result in expulsion without recompense from the course. For safety reasons the instructors also reserve the right to refuse to train any person they consider unfit, ill prepared or improperly equipped in any way to continue his or her tuition. **The laws of England shall apply to this contract.**

*\*If you are unsure whether you are fit enough to fly for any reason please contact us to discuss it before booking. In many circumstances (diabetics for example) a doctor's letter attesting your fitness to fly may be all that is required.*

**I have read, understand and agree to the booking and flying conditions above.**

Signed..... Date.....

# SunSoar Paragliding Ltd

## Medical Questionnaire

To be completed by every student.

Please note that if you are over 55 years of age or suffer from any illness or injury that may affect you during your paragliding course, then this document should be countersigned by your GP.

### Part 1: Your Personal Details

Full Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Weight (kg): \_\_\_\_\_

\_\_\_\_\_ (Required for equipment allocation)

email: \_\_\_\_\_

### Part 2: Your general fitness to participate

	Yes	No
Do you consider yourself to be in good health .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you: (a) Fit enough to carry a 10kg pack over rough countryside ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fit enough to run over short distances (50m) ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(c) Able to sustain a fall onto soft grass from a run without undue risk of injury ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(d) Able to sustain a feet-first impact equivalent to jumping from a chair ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(e) Fit enough to complete a day of moderate hillwalking ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(f) Able to see well enough to drive a car (with or without glasses/contact lenses) ?	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of the above questions is NO, then you will not be able to start a course with us. This is for your own safety.**

### Part 3: Medical conditions

Do you or have you ever suffered from any of the following:	Yes	No
(a) Heart disease (including angina) or any other heart condition ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(b) Circulatory problems including high blood pressure ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(c) Epilepsy ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(d) Diabetes ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(e) Severe vertigo or dizziness ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(f) Increased susceptibility to bone breakage or joint dislocation ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(g) Severe skeletal damage with increased future risk of injury? .....	<input type="checkbox"/>	<input type="checkbox"/>
(h) Asthma or other respiratory conditions ? .....	<input type="checkbox"/>	<input type="checkbox"/>
(i) Any other condition which may affect your ability to participate ? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of the above questions is YES, then please give details in the space overleaf.**

Please give details if you have answered 'YES' to any of the questions in part 3, Medical conditions.

#### Part 4: Medication

Please give details of any medication you are taking which may affect your physical or mental ability to participate in a paragliding course:

#### Part 5: Guidance for your G.P.

##### Level of health and fitness required for a paragliding course.

In order to participate in a paragliding course a student should:

- Be in good health generally.
- Be fit enough to walk and run over uneven ground and carry a 10kg pack up a steep hillside..
- Be able to concentrate and reason in a normal manner.
- Have average spatial awareness and vision sufficient to drive a car.
- Not be taking any medication where the effects may detrimentally affect his/her mental or physical ability.

**If you require any more help or guidance, please contact us and we will be pleased to help you.**

#### Declaration

**Student:** I certify that the details given above are, to the best of my knowledge, correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Your Doctor:** I certify that the details given above are, to the best of my knowledge, correct. I consider this person is in adequate health to participate in a paragliding course.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of surgery: \_\_\_\_\_ Tel: \_\_\_\_\_

**Thank You**

Office use: Checked by: ..... FTF: Y  N