



# Booking Form

## Paragliding

One form per person please (photocopies are fine)

Please send your completed forms to:  
SunSoar Paragliding Ltd  
South Road  
Kirkby Stephen  
Cumbria  
CA17 4SY  
Tel: 0845 220 6066

### Your Personal Details

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

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

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

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

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

Previous Paragliding experience: \_\_\_\_\_

NOTE THAT IF YOU HAVE ALREADY COMMENCED TRAINING ELSEWHERE, WE WILL REQUIRE COPIES OF YOUR TRAINING RECORDS BEFORE YOUR COURSE COMMENCES.

### Course Required

Tick

Experience Paragliding Day .....	£95	<input type="checkbox"/>
1 Day Course (Sat or Mon) .....	£150	<input type="checkbox"/>
2 Day Introductory (Weekend or Mon/Tues) .....	£295	<input type="checkbox"/>
Elementary Pilot (EP) Course (Commencing Sat or Mon) .....	£595	<input type="checkbox"/>
Club Pilot Course (Having completed EP ~ using our equipment*) .....	£750	<input type="checkbox"/>
Other Please specify .....	£.....	<input type="checkbox"/>

\* or your own equipment purchased elsewhere.

### Preferred Start Date

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

### Pre-Course Reading

We strongly recommend that you prepare in advance for your course. If you want to pre-order a copy of 'Touching Cloudbase, The Complete Guide to Paragliding' (fully illustrated book with all the course syllabus covered in detail) priced at £ 18.99 inc P&P, please tick the box.....

### For Our Information Please

I first heard about SunSoar Paragliding Ltd from \_\_\_\_\_



### Declaration

I have read, understood, and agree to abide by the conditions shown overleaf.

I enclose my deposit/course fee & payment for book of (full payment must be received 14 days prior to course) £ \_\_\_\_\_

My credit/debit card, no. is \_\_\_\_\_ exp date \_\_\_\_\_ valid from \_\_\_\_\_ iss no. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

## Booking Conditions

**COURSE VALIDITY:** Any course booked is valid for **one calendar year** from the date of booking shown overleaf.

**Course fees:** Please enclose 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 £10 per person per day. 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 Ltd."

**Telephone bookings:** It is possible to book by phone using a credit card, however bookings are normally made by posting us your form and the course fee, these must be received before your place is officially reserved. Provisional bookings made by telephone without payment can only be reserved for 5 days.

**Cancellations and refunds:** Except under exceptional circumstances we are unable to offer any refunds. Courses may be transferred to another person or rebooked for an alternative date, however we reserve the right to apply a 10% charge.

**Lost flying days:** Paragliding is weather dependent, If days are lost through bad weather we will extend or reschedule your course at no additional cost. You should understand that although we make every effort to complete courses as soon as practical; we can not be responsible for the weather. We regret that we cannot offer refunds except under exceptional circumstances.

## Flying Conditions

*To ensure that everyone's course is as safe and as enjoyable as possible it is important that you read and understand these flying conditions.*

**I understand that paragliding is a potentially dangerous activity, and carries an inherent element of risk of injury or death.**

I unreservedly indemnify SunSoar Paragliding Ltd, it's proprietors, instructors, servants or agents for any loss or injury howsoever caused during my participation in the sport, or attendance of a course.

**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 understand that the nature of paragliding training involves running on uneven ground and that I will wear ankle supporting footwear at all times.

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 understand that it is my responsibility to obtain a doctor's letter certifying my fitness to fly if I am over the age of 55 and/or suffer from any condition which may affect my physical performance or mental ability to fly.

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 during my participation in the course.

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 reserves 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.

*\* Note: If you are unsure whether you are fit enough to fly for any reason please contact us to discuss it before booking.*

**I have read, understood, and agree to abide by the conditions set out above.**

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

Office use: Checked by: ..... Payment r ..... Conf Sent (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.**

<b>Part 1: Your Personal Details</b>	
Full Name: _____	Tel: _____
Address: _____	Age: _____
_____	Weight (kg): _____
_____	(Required for equipment allocation)
email: _____	

<b>Part 2: Your general fitness to participate</b>		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"/>
<b>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.</b>			

<b>Part 3: Medical conditions</b>		Yes	No
Do you or have you ever suffered from any of the following:			
(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"/>
<b>If the answer to any of the above questions is YES, then please give details in the space overleaf.</b>			

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