



### Trip Booking Form

**This form must be completed and returned ASAP**

**Please return this form to:**

35 Mount Street  
Abergavenny  
Monmouthshire  
NP7 7DT

[axis@paraglide.co.uk](mailto:axis@paraglide.co.uk)

\*If you do not have flight or insurance details yet these may be added later

To complete this form online; download it and e mail it, try using <http://www.nitropdf.com/pdf-reader>

#### Flyers details

Full Name \_\_\_\_\_ Home tel \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_ Age\* \_\_\_\_\_  
\_\_\_\_\_  
Previous experience\*\* \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

\* If you are under 18 we must receive a letter of consent from a parent or guardian\*\* all outdoor activities are useful information. If you have had previous paraglider training we will require copies of your records/Logs **before** training.

I Have my own equipment and will not require any.  Glider make/size \_\_\_\_\_

Harness \_\_\_\_\_ Reserve make/size \_\_\_\_\_

Helmet. \_\_\_\_\_ Radio Type \_\_\_\_\_

Or I will require equipment.  My weight is \_\_\_\_\_ KGs My Height is \_\_\_\_\_

Head size is XS. S. M. L. XL.(on most trips you will be required to transport the kit to and from abergavenny)

#### Trip or Course Required

Dates of trip Out \_\_\_\_\_ Return \_\_\_\_\_ Destination \_\_\_\_\_ Course \_\_\_\_\_

Flight Details\* Outbound Arrival time \_\_\_\_\_ Flt Num \_\_\_\_\_ From Airport \_\_\_\_\_

Return Flight Depart time \_\_\_\_\_ Flt Num \_\_\_\_\_ Depart Airport \_\_\_\_\_ to Airport \_\_\_\_\_

I understand that in addition to BHPA 3<sup>rd</sup> party Insurance , I must have a minimum extra policy that covers Medical expenses, search / rescue, and repatriation. I have taken out a policy that specifically covers me for the activities undertaken, i.e. Paragliding, Paramotoring, Skiing, in the location we are travelling to.

My policy is with: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Valid From: \_\_\_\_\_ until : \_\_\_\_\_ Policy emergency contact number \_\_\_\_\_

My BHPA membership number is: \_\_\_\_\_ Expiry date \_\_\_\_\_ Pilot rating \_\_\_\_\_

\*Flight Details may be given when trip is fully confirmed. A deposit at this stage will only secure your place on the trip, and is Non refundable . It will be refunded if the trip cannot be confirmed.

#### Payment

Deposit. To reserve my place on the trip a deposit of £150 per person is payable now.

I enclose a **cheque**, to **Axis Training**  Or payment via Bank Transfer 08-92-50 68286345  or paypal payment number \_\_\_\_\_. We can send you an invoice, for payment by credit card please call the office or pay via the website

Balance. The balance is payable no later than 21 days before the trip commences. Balance = £ \_\_\_\_\_

## Axis paragliding booking form 2

### Medical questionnaire

**To be completed by every student**

**Please note; If you are over 55 years of age, OR suffer from any illness / injury or are taking medication that may affect your ability during your paragliding/paramotoring course, then this document should be countersigned by your GP.**

	YES	NO
Do you consider yourself to be in good health?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you:</b>		
(a)* fit enough to carry a 10 kg backpack 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 grass from a run without 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 hill walking?	<input type="checkbox"/>	<input type="checkbox"/>
(f)* Able to see well enough to drive a car (with or without glasses or lenses)	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of these is NO, then you will not be able to start a course with us.**

If you are on a tandem flight and you have said no to a, e, or f, it may still be possible, but you must discuss this with us first. **This is for your own safety**

**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 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/medication which may affect ability to participate?	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer to any of the above is YES please give details below**

**Details of Medical conditions and ANY medication that may affect your ability to participate.**

### Declaration

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

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

### Guidance for your GP

**In order to participate in a paragliding course this person should be;**

- ⌚ In good health generally
- ⌚ Be fit enough to walk or run over uneven ground carrying a 10kg backpack 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 more help and guidance, please contact us and we will be happy to assist.**

## Axis paragliding booking form 3

### Declaration by your G.P/Doctor

I certify that the details given above for the participant named \_\_\_\_\_  
is 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: \_\_\_\_\_

### Booking Conditions

By booking, you have become a member of Axis paragliding Club for the duration of your trip.

**Your cancellation.** If you need to cancel a booking for any reason, you will only lose your deposit, if the cancellation is more than 21 days before departure. Cancellation with less than 21 days until departure will mean losing 100% of the holiday fees whether paid or unpaid. You may transfer or sell this course to another suitable person.

**Our cancellation.** If we have to cancel a course for any reason, we will refund your deposit, or full payment. Normally we will not have confirmed a course until we have enough numbers interested, and will not ask you to book flights until a course has been confirmed.

**Aerial and general photography** All images remain the copyrighted property of Axis paragliding and you agree to their use for commercial purposes by Axis. You may not sell or reproduce images or make copies of images without express permission.

### Flying Conditions

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

I understand that: **Paragliding is a form of aviation, with all of the inherent and potential dangers that are involved in aviation. No form of aviation is without risk, and injuries and death can and do occur in paragliding, even to trained pilots using proper equipment. No claim is made or implied that all sources of potential danger to the pilot have or can be identified. No one should participate in paragliding who does not recognise and wish to personally assume the associated risks.**

I must be a member of the BHPA to be under training, and I must abide by the rules of the association and its Instructors. I understand that as a member I am entitled to third party insurance to the level of 2 million pounds, but that it provides me with NO personal accident cover. I understand that my instructors liability insurance is limited to £50,000 per claim. I understand that it is advisable to have sufficient personal accident insurance and it is my sole responsibility to do this.

I understand that I must have repatriation, medical, and search/rescue insurance and holiday insurance.

I will not consume ANY alcohol during, or in the 12 hours preceding tuition, or be under the influence, or suffering from the effects of alcohol, or drugs, during my course.

I will come to my course dressed in appropriate outdoor clothing (Strong, grippy soled, outdoor boots with good ankle support. Gloves. long trousers, long sleeved shirt and jacket, sun cream and will bring lunch and at least 2 litres of water to drink) I understand that my Instructors decision to cease flying and terminate the course of any student for whatever reason to be final and binding.

I unreservedly indemnify, Axis Paragliding, or its Instructors and staff against any loss, damage or injury caused by me during my participation of the sport or my attendance on a course. (Events not covered by BHPA 3<sup>rd</sup> party liability)

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

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