



White Hall

Outdoor Education centre



DAY COURSE APPLICATION FORM

Course No: _____ Date: _____

Course Title: _____

Surname: _____ First Name(s): _____ Sex: M/F

Home Address: _____

_____ Post Code: _____

Daytime Telephone Number(s): _____

Details of any medical condition, allergy, illness or medication we should be aware of:

To be signed by all applicants:

Signed: _____ Date: _____

Please complete and return this application form to:

White Hall Centre

Long Hill

BUXTON

Derbyshire

SK17 6SX

Telephone: 01298 23260

Fax: 01298 25945

email: white.hall@derbyshire.gov.uk



Improving life for local people

CONDITIONS OF BOOKING

1. I have read the notes for course members and understand the nature of the course. I agree to abide by all safety regulations.
2. I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
3. I understand that course members are NOT insured by Derbyshire County Council against personal injury, loss or damage that is not caused by negligence on the part of Derbyshire County Council or its employees, agents or subcontractors.
4. I understand that personal accident, loss or damage and cancellation insurance should be arranged by myself or course organiser on my behalf (check with the course organiser).
5. I understand that it may not be possible with mixed groups for members of staff of each sex to be present at all times during the activities.