

Please read all sections of this page carefully before signing the declaration below:

Booking Terms and Conditions

1. In order for you to jump you must raise the minimum sponsorship level of £450 in advance of the jump date.
2. The cost for the training and the jump will be paid for by Phyllis Tuckwell on confirmation that you have reached the minimum sponsorship level in advance of the jump date.
3. The final decision on your suitability to skydive rests entirely with the Army Parachute Association and you must comply with their rules at all times.
4. Although the maximum weight limits for the tandem skydives is 16 stone, this can vary with instructors. Height must also be in proportion to weight. Your suitability to skydive will be assessed based on the heights and weights provided at the time of booking. If incorrect information is given, you run the risk of forfeiting your skydive along with all costs incurred.
5. Should the weather be unsuitable for jumping on the day another jump date will be arranged with the Army Parachute Association.
6. You must not consume alcohol on the day of your skydive.
7. If you fail to turn up on the day without giving at least 72 hours notice, you may forfeit your skydive and be invoiced for the full cost of your skydive.
8. If you arrive without the necessary paperwork, including a certificate of insurance or cover note as required by clause 15, you may forfeit your skydive.
9. You must be prepared to stay at the airfield for the entire day.
10. You agree to raise the minimum sponsorship level of £450 in aid of Phyllis Tuckwell. This money must have been raised in advance of the jump day and confirmation provided to the Hospice. On receipt of this confirmation the Hospice will then arrange for the jump fee of £225 to be paid and your jump fully confirmed.
11. All booking deposits are completely non-refundable. However should the Hospice receive your booking form and deposit once the places have been filled – your booking fee will be returned to you.
12. Phyllis Tuckwell cannot accept any responsibility for the Army Parachute Association changing or postponing the jump due to unforeseeable circumstances however another jump date will be arranged.
13. The overall cost of the Skydive is made up of two parts. A) The non refundable £50 booking fee to reserve your place on the jump date. B) The £225 jump fee to cover the cost of the training and the jump itself. This fee will be paid for by the Hospice on condition that the minimum sponsorship level of £450 is reached in advance of the jump date.
14. All monies are non-refundable and non-transferable. Refunds can only be offered in very exceptional circumstances and where all parties are in agreement.
15. You agree to obtain additional insurance against any claims, whether on your own account or from third parties, or however arising from any action, accident or incident resulting in any loss or damage including, but not limited to, bodily injury and death.
16. Phyllis Tuckwell acts as your agent in arranging for your jump and not as the agent for the parachute centre. Phyllis Tuckwell Hospice use only those parachute centres which are affiliated to the British Parachute Association as the National Governing Body of the sport. Accordingly, no representations or warranties of any kind are made by Phyllis Tuckwell Hospice as to the suitability, capability, quality of training or operation of any parachute centre. Any queries or complaints with regards to these aspects should be referred to the parachute centre concerned.

Medical Restrictions

For a tandem skydive you must be at least 16 years old and must weigh under 16 stone with your weight in proportion to your height. The principal medical restrictions are diabetes, epilepsy, fits, recurrent blackouts, heart or lung disease, mental illness and some cases of asthma but if you are in any doubt please contact the Army Parachute Association on the contact details given below for further information.

Jumpers between the ages of 18–39 with no medical condition that may effect their ability to jump will need to sign a 'fitness to jump' declaration on the day of the event, but need not complete a medical form in advance.

Jumpers aged 16 or 17 years will need a guardian with them to sign a form on the day as well – however, if the guardian is not going to be in attendance you can get a form in advance from the Army Parachute Association.

Jumpers aged 40 or above will need to complete a medical form and get it signed by your doctor.

Pre-existing physical conditions will not necessarily prevent you from taking part but please inform the Army Parachute Association if you are in any doubt and would like further information.

Insurance

On payment of your jump costs all jumpers are covered by the British Parachute Association Third Party Liability Insurance Policy. This covers up to £2 million for liability to Third Parties. For example any accidental harm you may cause to others by your skydiving, for example damage to property through an off-landing. Please note that this does not cover the jumper or their dependants for personal injury including death. For further information on this policy please read the policy documents enclosed and visit: www.bpa.org.uk/member/insurance-and-travel.

PLEASE NOTE: You are required to take out your own insurance cover for personal accident benefits to whatever level you consider appropriate and proof of such insurance (a certificate or cover note) is required prior to jumping.

You can do this either in conjunction with your own insurance broker or you may like to use an insurance company that specialises in extreme sport insurance such as Sky Cover www.sky-cover.co.uk – £25 for a single jump. If in any doubt you should seek independent advice.

Declaration of Fitness and Consent Forms for 16 & 17 Year Olds

Note to parents & guardians: We recommend that you read all the literature that has been sent to the young person in your care outlining the nature of the skydive, booking forms and our centres terms and conditions. We draw your attention to the medical form, which also requires your signature. Please contact our team if you have any further questions.

Note to jumpers: Take the consent form and medical form, both signed by your legal parent/guardian to the parachute centre on the day of your jump. Without these you will not be able to jump.

IMPORTANT NOTICE: Parachuting is an adventure sport and participation in such sports necessarily involves a risk of injury or death regardless of the standard of training, supervision and equipment employed. I consent to, and I voluntarily accept, all the risks inherent in the sport of skydiving and I agree, for myself and my personal representatives, that Phyllis Tuckwelland UK Skydiving Ltd. does not accept or assume any responsibility towards me for any liability in negligence, or other cause of action, for loss, whether loss for personal injury, or any loss arising to me or to Third Parties, caused by or otherwise arising from my participation in the sport of skydiving. Further I agree that any liability of Phyllis Tuckwell, however caused, is limited to the sums insured through the British Parachute Authority Insurance policy. I agree to waive any rights to bring a claim other than pursuant to such insurance.

IMPORTANT: I confirm that I have read the Booking Terms and Conditions, Medical Restrictions, Insurance policy and Consent Forms and Important Notice overleaf and I understand and agree to be bound to those terms and conditions and to comply fully with the same. I also understand that under clause 8 and clause 15 of this agreement I am required to obtain insurance against my own personally injury.

PRINT NAME _____

SIGNATURE _____

DATE ____ / ____ / ____

PLEASE RETURN THIS COMPLETED RESERVATION FORM WITH YOUR BOOKING FEE TO:

Phyllis Tuckwell Hospice, Waverley Lane, Farnham, Surrey GU9 8BL

PLEASE MAKE A COPY AND KEEP FOR YOUR REFERENCE.

Phyllis Tuckwell Hospice Care, Waverley Lane, Farnham, Surrey GU9 8BL
Phyllis Tuckwell Memorial Hospice Ltd. Registered Number 1063033. Registered Charity Number 264501

Phyllis Tuckwell Skydive Days

Registration form
Sunday 25th September 2016
or Saturday 25th March 2017



Phyllis Tuckwell
Hospice Care
...because every day is precious
www.pth.org.uk

Why not take on the challenge of a tandem skydive at Airfield Camp, Netheravon in aid of Phyllis Tuckwell Hospice Care!!

For your chance to take part and jump from 12,000ft, please complete the reservation form and return it to Phyllis Tuckwell .

If you are jumping with others, please attach a list of group members and tick here: (Please note each individual jumper must have their own reservation form completed and booking fee submitted.)

Please complete this form and return it to the address below as soon as possible.

Please keep in mind that there are a limited number of places on our special jump days and places will be awarded on a first come first served basis.

Please also provide your £50 non-refundable booking fee either by cheque (made payable to Phyllis Tuckwell) or credit card (see opposite).

If you are not able to jump on one of the dates below but would like to do a Skydive in aid of Phyllis Tuckwell Hospice Care then please contact the Hospice on 01252 729446 to find out about future skydive opportunities.

I would like to jump on...

Sunday 25th September 2016

Saturday 25th March 2017 (Please tick the appropriate box)



TITLE _____ FIRST NAME _____

SURNAME _____

D.O.B. (DD/MM/YY) ____ / ____ / ____

ADDRESS (LINE 1) _____

(LINE 2) _____

COUNTY _____ POSTCODE _____

EMAIL _____
(PLEASE SPECIFY AS THIS WILL BE OUR PRIMARY SOURCE OF CONTACT)

WHO DO YOU WORK FOR? _____

TEL NO. (DAY) _____

TEL NO. (EVENING) _____

EMERGENCY TEL NO. _____
(OF SOMEONE NOT TAKING PART)

T-SHIRT SIZE: SML MED LRG X LRG

MALE FEMALE

HEIGHT _____ WEIGHT _____
(FEET & INCHES) (STONE)

HOW DID YOU FIND OUT ABOUT THE JUMP?

NEWSPAPER SOCIAL MEDIA

PTHC WEBSITE WORD OF MOUTH

PTHC LITERATURE OTHER

(PLEASE SPECIFY)

I ENCLOSE A CHEQUE OF £50
MADE PAYABLE TO PHYLLIS TUCKWELL.

OR

PLEASE DEBIT £ _____

MY: **VISA / MASTERCARD / DELTA / MAESTRO/DEBIT**

(PLEASE CIRCLE)

MY CARD DETAILS ARE AS FOLLOWS:

NAME ON CARD _____

CARD NO. _____

3 DIGIT SECURITY CODE _____

MAESTRO/DEBIT ISSUE NUMBER _____

VALID FROM ____ / ____ TO ____ / ____

SIGNATURE _____

DATE ____ / ____ / ____



FOR OFFICE USE ONLY:

NAME _____

TRANS NO. _____ APPEAL CODE: 56190

AMOUNT _____ ACK _____

Under the terms of the Data Protection Act, Phyllis Tuckwell Hospice will retain and use the data you have provided for administrative purposes and to inform you of its fundraising and other activities. We hope you will want to remain in touch with our work, but if you would prefer not to receive future communications from the Hospice, please tick this box.

CONTINUED...