



BOOKING FORM
Wellington Surf Lessons

Name Tel:

Email:

Date of lesson: Time:

Course:..... How did you hear about us?

Medical Conditions (allergies, illnesses, asthma ect)

BOOKING TERMS AND CONDITIONS

I / We agree to adhere to all the instructions given by the Wellington Surf Lessons instructors in order to ensure safety to myself as well as other participants.

I / We declare any medical conditions, illness or allergies above.

I/ We are not pregnant or suffering from a heart condition.

I / We am a competent swimmer

I / We understand that there is an element of risk associated with surfing, even when under supervision from qualified instructors and accept this risk as our own responsibility.

Wellington Surf Lessons takes all responsible measures to ensure the safety and good conditions of all equipment used, and all participants are responsible for immediately reporting any damage to equipment whilst in their possession.

Wellington Surf Lessons reserves the right to use any materials, including but not limited to photographs, film, or creative materials, taken during your lesson or course for use exclusively in Wellington Surf Lessons marketing or advertising material, without obtaining further consent.

By signing below I agree that all the information I have provided is correct, and that I have fully read and understand all booking terms and conditions above. This form is valid for all future lessons taken with Wellington Surf Lessons.

Signed (Guardian / Parent if U18) Date

School Name: Teacher signature