



CUSTOMER DETAIL SHEET TOUR: Penguin and Seal Island

Tour Date/...../.....

Name

Address Country

MB Phone..... Occupation..... D o B/...../.....

Email

Would you like to be put on our quarterly email newsletter? Yes No

This gives you automatic membership of our CSK Club, with special offers.

MEDICAL NOTES -must be completed - this information is confidential

Asthma Yes No Epilepsy Yes No

Heart conditions Yes No Allergies Yes No

Seasickness Yes No Back/shoulder/joint issues Yes No

Other Yes No Please describe.....

Can you swim 100 metres? Yes No Date last swam .../...../.....

Snorkelling competency None Beginner Competent

Kayaking Experience None Beginner Competent

Have you paddled a sea kayak before? Yes No

Can you speak English fluently? Yes No

NEXT OF KIN 1 (Emergency Contact)

Name Relationship

Address.....

Telephone (H)(W) (MB)

DISCLAIMER

I/we understand that outdoor recreation programs, kayaking, snorkelling, and walking included, inherently involve some risks. I/we will not hold Capricorn Seakayaking, its staff, or volunteers, liable for any personal loss or injury sustained or damage to personal property during any of our Tours. I understand that photos/video may be taken of me/us during the tour and used for promotional purposes. I/we give permission for First Aid to be administered by staff (qualified to at least Senior First Aid certificate level) when deemed necessary.

Signature(s) Date/...../.....

If customer is under 18 years old, parent/guardian must sign for them