

Terms and Conditions for Groups 2014



Find us at the Lodore Boat Landings, on Derwentwater (see the map).

Directions

From Keswick take the B5289 Borrowdale road down the east side of Derwentwater, approximately 3 miles on the right hand side is the Mary Mount Hotel. The hotel kindly allows us to use their car park please drive slowly and carefully. Walk to the bottom of the car park through the garden, across the footbridge and across the field to find us. Please be quiet, in consideration of the hotel guests. Postcode CA12 5UU.

Phone (017687) 77282.

If using a vehicle please park in the Mary Mount Hotel car park.

PLEASE PARK CONSIDERATELY.

The gate to the Landings is locked.

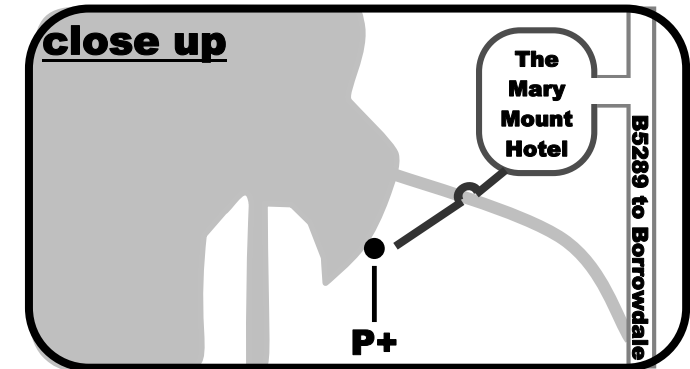
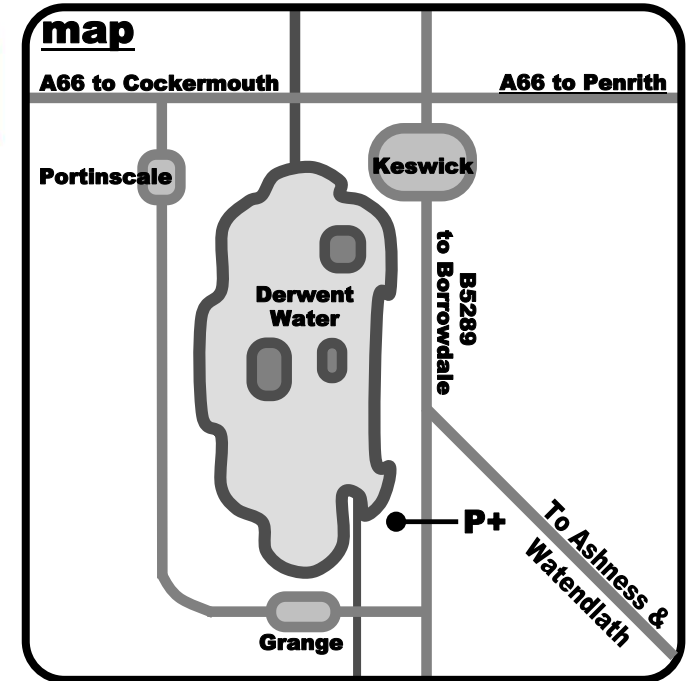
There is NO vehicle access.

Amenities.

Male and female heated changing rooms and toilets are available at the lakeside base.

Group Leaders Responsibilities.

Leaders are expected to be present at all times and to take charge of the group on the shore. Whilst on the water, instructors are in charge of the safety of the group. Our instructors' role is primarily that of providing outdoor activity instruction. They are fully qualified to carry out each activity and have experience of dealing with a variety of groups; discipline is rarely a problem. However, as disruptive/ uncooperative participants may ultimately jeopardize the safety of themselves or others, we have to insist on a socially acceptable standard of behaviour – which at a minimum means groups will be quiet and listen to instructions **and then follow them**. If at any stage instructors feel that the behaviour of any member(s) of a group is compromising the safety of the session, then we will expect group leaders to intervene. If the situation cannot be corrected then we reserve the right to stop the activity. In this situation you will still be liable to pay the full amount due.



Platty+ Ltd
Smithy Green, Thornthwaite, Keswick, Cumbria, CA12 5SL

017687 76572

jplatt@plattyplus.co.uk

Registered in England and Wales No. 4454163

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A list of participants' name, addresses, emergency telephone numbers and for children unaccompanied by parent or guardian medical consent forms must be provided before the activity is undertaken, along with signed acceptance that there is a potential risk of injury to participants in the activities we offer which cannot be entirely eliminated.

Leaders must notify Platty + before hand of participants with any physical or psychological conditions or inability to swim.

Any incidents occurring whilst in our care must be reported to the instructor and an incident record made immediately on return to shore.

Any complaints or suggestions should be addressed to the partners, John or Sarah Platt.

Equipment Required.

Waterproof top and bottoms to protect against wind chill

Fleece jackets are ideal have 2 in case one gets wet

Footwear that does not matter getting wet. Old trainers or watershoes. Wellington boots can be difficult to swim in if they do not have tie tops. Walking boots are too clumsy and offer little grip in boats. Flip flops do not stay on.

Towels

Hats and gloves

Sun hat and sun tan lotion are needed in hot weather

Wetsuit if you have one, but you still need a waterproof to protect against wind chill. We will only issue wetsuits on activities were they are appropriate they are not suitable for all activities.

Weather in the Lake District changes very quickly and is often different to the rest of the country so do not pack according to the weather at home but for all climates.

2 changes of clothing at least per day, one per activity i.e. 8 changes for 4 days. Drying facilities are not very good at most centres. Clothing should be light and should not hold water but keep you warm.

Tee shirt and shorts are only applicable in very hot dry windless weather; cotton fabrics hold a lot of water, so always have an alternative with you.

Day visitors will need a pack lunch.

We do have spare waterproofs and fleeces but only enough for those who have forgotten theirs.

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Prices.

A written quotation will be sent taking all your requirements into account. We work strictly to governing body ratios, 1: 8 for canoeing & kayaking. For large groups please take this into account, when booking, as the price is dependant on the number of instructors used.

A non- returnable deposit is required at the time of booking. Cancellation must be made in writing and a fee of 25 % will be made if cancellation is made less than a month before activity date and 100% for less than a week. Cheques should be made out to Platty + Limited.

Payment should be made in full at the end of your session.

We reserve the right to cancel or change any activities, if there are any adverse conditions.

Participants Details.

We understand that many groups have their own forms for medical details and residual risk consent. Providing these are with the group leader we will accept the leaders signature of their existence.

Below is a Participants Register you may use to inform us of the details required or you may use your own.

I have included a full consent form you may use, if required, for each individual participant

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| Date:- | | Participants Register | | Period:- | | <u>Database number</u> |
|----------------|--|---|----------------------------|-----------------|--------------------------|------------------------|
| Time:- | | Group Name & Address:- | | | | |
| Group Leader:- | | I have medical consent and residual risk acceptance | | Signed:- | | |
| Name | | Phone Number | Contact Details (Postcode) | Medical Consent | Residual risk acceptance | Present |
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Consent Form 2014

PARTICIPANTS DETAILS

| | | | |
|---------------------|--|----------|--|
| Surname | | Road | |
| Other names in full | | Village | |
| Date of birth | | Town | |
| Age | | County | |
| Sex | | Postcode | |

I, the parent / the guardian of * give permission to the members of staff of Platty + on site during the period

DATE OF THE ACTIVITY

to administer any relevant treatment or medication to the above named participant, when/if necessary.

It is your responsibility to make known any potential medical conditions that may affect the participant during the activities associated with the training programme or event they are taking part in. Please therefore provide as many details as possible. This information will be shared with the staff involved in looking after the participant.

Has the participant ever suffered from any of the following conditions?

- | | | |
|-----------------------------------|-----|----|
| • Asthma/bronchitis | Yes | No |
| • Heart conditions | Yes | No |
| • Fits, fainting or blackouts | Yes | No |
| • Severe headaches | Yes | No |
| • Diabetes | Yes | No |
| • Travel sickness | Yes | No |
| • Allergies to medication | Yes | No |
| • Any other allergies | Yes | No |
| • Other illnesses or disabilities | Yes | No |

If you have answered Yes to any of the conditions, please provide details below.

Is the participant currently taking any medication? If so, please specify.

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Does the participant have any food or other allergies? If so, please specify.

| |
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In addition, if the case arises, I authorise the members of staff of Platty + to take the above named participant to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

RESIDUAL RISK ACCEPTANCE

I accept that there is a potential risk of injury to participants in the activities that Platty + offer that cannot be entirely eliminated.

PHOTOGRAPHY

Platty + often records participants' achievements using digital images. We may use these images to promote water sports activities. Please indicate your wishes on photography below. Your refusal will prevent anyone in the group from being photographed, which means that they do not have a record of their activity.

| | |
|---|--|
| I <u>GIVE</u> my permission for images of my child been taken | I <u>REFUSE</u> permission for images of my child been taken |
|---|--|

CONSENT

GIVEN BY MYSELF / PARENT/ GUARDIAN-* delete as appropriate

| | | | |
|---------------------|--|---------------------|--|
| Surname | | Home Telephone | |
| Other names in full | | Work Telephone | |
| Road | | Mobile Phone Number | |
| Village | | Doctors Name | |
| Town | | Doctors Telephone | |
| County | | | |
| Postcode | | | |

SIGNATURE

| | | | |
|--------|--|------|--|
| Signed | | Date | |
|--------|--|------|--|

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