



CAMPS BOOKING FORM

To be completed by Parent or Guardian in BLOCK LETTERS please
Delphi Resort is referred to as "DR" in this form

Parents/Guardian name:
(Mr./Mrs./Ms.)

Tel:

Home:

Mobile:

Work:

E-mail:

Address:

Please note that in case of an emergency, the above named Parent/Guardian must be contactable 24 hours a day

We would love to contact you about special offers and general information from Delphi Resort.

You can learn more about your rights and our obligations as Data Processors in our Privacy Policy available at <https://www.delphiadventureresort.com/privacy-cookies> or on request. You can ask us to stop contacting you at any stage. Tick this box if you consent to hearing from us:

Please tell us how you heard of our Delphi Resort Camps?

To be completed in respect of all campers:

Camper's name

1st Child

2nd Child

Name of friend(s) attending DR Camp

Date of Birth

Age

Sex

Male

Female

Male

Female

Has the camper been to a DR Camp before?

Yes

No

Yes

No

Date of commencement of camp

July 6th - July 11th

July 13th - July 18th

July 20th - July 25th

July 27th - August 1st

August 3rd - August 8th

July 6th - July 11th

July 13th - July 18th

July 20th - July 25th

July 27th - August 1st

August 3rd - August 8th

IMPORTANT INFORMATION

TO BE COMPLETED IN RESPECT OF ALL CAMPERS

Does this camper:

1st Child

2nd Child

Suffer from any medical conditions (e.g. asthma, bronchitis, tuberculosis, lung condition, heart trouble, raised blood pressure, diabetes, angina, blood disorder etc.)?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Have a history of epilepsy, fainting, migraine or ever suffered a major head injury?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Suffer from any hearing / visual impairments?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Have any special dietary requirements?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Suffer from food allergies or have other allergic reactions e.g. hay fever or insect bites?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Suffer from any other diagnosed condition or have any other ailments, injuries or conditions (including social or behavioural issues) that could affect this camper's ability to participate or that DR should be aware of?

Yes No

Yes No

If Yes, provide details:

If Yes, provide details:

Is this camper:

Taking any medication?

Yes No

If Yes, provide details:

Yes No

If Yes, provide details:

A competent swimmer?

Yes No

From time to time DR takes photos and makes videos of participants during activities to use for its marketing purposes

If you do not consent on behalf of this camper please tick here and advise a member of staff before this camper partakes in any activities

Yes No

If you do not consent on behalf of this camper please tick here and advise a member of staff before this camper partakes in any activities

Is there any additional information in respect of this camper which DR should be aware of (please also include details of any special occasions)?

Yes No

If Yes, provide details:

Yes No

If Yes, provide details:

Some DR activities require the camper to leave DR to participate

Tick here if you do not consent

Tick here if you do not consent

1st Child:

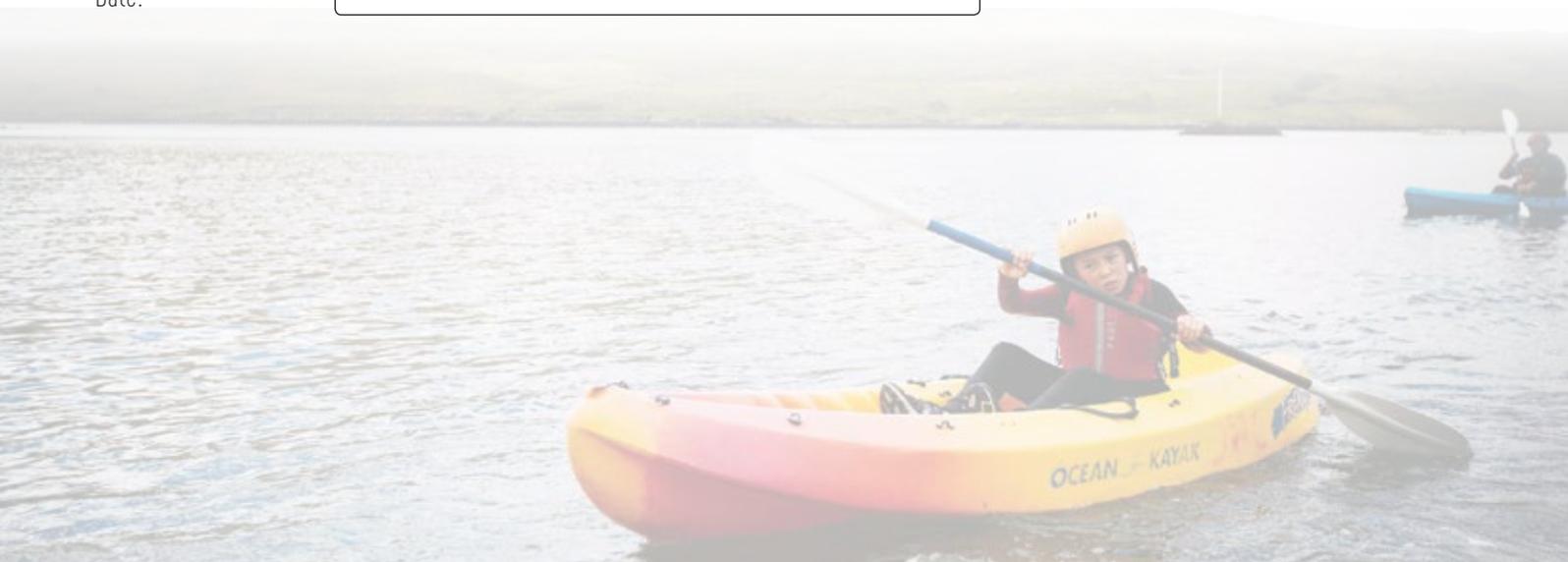
I am a lawful guardian/parent of the participant, I have read and understand the T&Cs in this form (including those set out below in respect of activities), I will ensure the participant reads and understands the T&Cs, I accept the T&Cs for and on behalf of the participant, I provide the above health confirmations on behalf of the participant and I have not withheld any relevant information.

Signed:
Date:

2nd Child:

I am a lawful guardian/parent of the participant, I have read and understand the T&Cs in this form (including those set out below in respect of activities), I will ensure the participant reads and understands the T&Cs, I accept the T&Cs for and on behalf of the participant, I provide the above health confirmations on behalf of the participant and I have not withheld any relevant information.

Signed:
Date:





FEES AND PAYMENT

Fees for 5 Night Multi Activity camp

€599.00

To pay your deposit please complete and return this booking form to us and we will contact you to secure the relevant deposit.

A non-refundable deposit of €250 per camper is payable upon booking. The booking will not be reserved until this deposit is paid. The balance is due 4 weeks in advance of the camp's commencement date. We reserve the right to automatically deduct the balance from the payment method on file if the booking has not been cancelled in writing before this date. If DR cannot make the said deduction and/or has not received your balance on or before this time, DR reserves the right to cancel your booking.

All cancellations must be advised to DR in writing. Full fees are payable in respect of any cancellations received within 4 weeks of the commencement date of the camp. DR will return the balance of fees paid (excluding the non-refundable deposit) for cancellations received prior to 4 weeks before the commencement date of the camp.

DR reserves the right to alter the terms relating to the booking, provided that such alteration does not (in DR's reasonable opinion) materially and adversely affect the booking. DR reserves the right, without liability, to amend the transport arrangements and/or activity programme according to the weather, satisfactory numbers and schedule requirements and for any other reason deemed fit by DR (acting reasonably).

DR reserves the right to increase prices and / or change camp dates. Any such increases / changes will be notified to you in advance and you will have the opportunity to refuse. Where you refuse the DR will return any monies paid by you. This is the only circumstance in which your deposit will be refundable.

TO BE COMPLETED IN RESPECT OF ALL CAMPER

1ST CHILD

Please now deduct (by card) the FULL FEES for this camper: € _____

OR

Please now deduct (by card) the following amount for DEPOSIT ONLY: €250

2nd CHILD

Please now deduct (by card) the FULL FEES for this camper: € _____

OR

Please now deduct (by card) the following amount for DEPOSIT ONLY: €250



ACTIVITIES : TERMS AND CONDITIONS (T&C):

- 1) Nothing contained in these T&Cs is intended to nor shall limit the liability of Delphi Outdoors Limited trading as Delphi Resort, a Irish registered company with a registered address at Leenane, Connemara, Co. Galway and its related companies (together referred to as "DR") in respect of: (i) death or personal injury caused by its negligence or the negligence of its employees, agents or contractors or (ii) liability which cannot be excluded or limited under applicable law or (iii) DR's fraud.
- 2) The participant understands and acknowledges the dangers associated with consumption of alcohol, drugs and mind altering substances before or during a DR activity. The participant agrees not to consume these substances and accepts full responsibility for injury, loss or damage associated with any such consumption.
- 3) Outdoor and adrenaline sports and activities facilitated by the DR are subject to strict safety procedures and protocols. Participants must follow the instructions of DR's management and staff at all times and are required to act responsibly and courteously to such persons and other participants.
- 4) If the participant suffers any injury or illness during a DR activity, the participant agrees and consents that DR may provide first aid and, where applicable, evacuation and medical treatment at the participant's expense.
- 5) DR reserves the right to preclude any person from participating in DR activities including, without limitation, where safety considerations or risks, medical conditions or physical ailments exist which may put the safety of the participant or other persons at risk.
- 6) The participant acknowledges and accepts the inherent risks of the activities provided by DR and the possibility of personal injury or other damage or loss resulting therefrom.
- 7) Except as otherwise provided in these T&Cs and to the extent permitted by applicable law: (i) DR shall not be liable in contract, tort (including, without limitation, negligence) or otherwise for any direct, indirect or consequential loss or damage of any nature howsoever caused, arising from or in connection with the booking of or the participation in DR activities or these T&Cs and (ii) In the event DR is liable to any person in connection with the booking of or the participation in DR activities or these T&Cs, DR's liability shall be limited to the refund of any payments made to DR by such person.
- 8) DR shall not be liable for any failure to perform its obligations, provide DR activities or provide compensation where such failure results of circumstances outside of its reasonable control (including adverse weather conditions).
- 9) To the extent permitted by applicable law the participant agrees that these T&Cs may be pleaded as a bar to any action, suit or proceedings taken at any time by the participant against DR arising out of or as a consequence of participation in a DR activity or any incidental activities.
- 10) Where the participant fails to comply with these T&Cs or the instructions or directions of DR, its management or staff and DR suffers a loss as a result, the participant agrees to indemnify DR against such loss.
- 11) These T&Cs bind the heirs, administrators, executors, personal representatives, dependants (if any) and successors of the participant and inures for the benefit of DR and its successors and assigns.
- 12) If any of these T&Cs are determined to be illegal, invalid or otherwise unenforceable the term shall be severed and deleted and the remaining terms shall survive.
- 13) These T&Cs shall be governed by and interpreted in accordance with the laws of the Republic of Ireland and the parties submit to the exclusive jurisdiction of the courts of the Republic of Ireland.

TO BOOK CALL +353 (0) 9542208 OR BOOK ONLINE: [DELPHIRESORT.COM/CAMPS](https://delphiresort.com/camps)

DELPHI RESORT, LEENANE, CONNEMARA, CO. GALWAY, IRELAND. H91 DP08

P: +353 (0) 9542208 / E: bookings@delphiresort.com

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