



Membership No.
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## 18 Years & Over Registration Form UNSUPERVISED CLIMBING

Please complete the form in **BLOCK CAPITALS**

### Personal Details

Name	Date of Birth
Address	
Postcode	
Telephone No.	Email
<b>Contact in the event of accident</b>	
Name	Relationship
Telephone No.	Mobile No.

### Conditions of Registration

You must answer the following questions by writing either **YES** or **NO** in the box provided, then sign the declaration at the bottom of this form. Only climbers who give satisfactory answers to the questions will be registered and allowed to climb unsupervised.

Are you over 18 years of age?	
Have you read and understood the Conditions of Use and Rules of the centre?	
*Can you put on a climbing harness correctly?	
*Can you attach a rope to your harness using a suitable climbing knot?	
*Can you use a belay device to secure a falling climber and lower a climber from the wall?	
Do you understand that failure to exercise due care could result in your injury or death?	
Do you agree to abide by the Rules or the climbing centre?	
Do you require instruction in any of the three techniques (marked*)?	
Do you have any questions regarding the application of the Conditions of Use or Rules?	
Are you are a competent lead climber	

**Participation Statement** "The British Mountaineering Council (BMC) recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

<b>DECLARATION OF FITNESS</b>	I certify that to the best of my knowledge, I do not suffer from any medical condition which could result in an accident causing injury to myself or others.
<b>DECLARATION OF FACT</b>	I also confirm that the above information is correct and if any information changes I will notify the centre.
<b>Signature</b>	<b>Date</b>

<b>For use by Staff Only</b>	Have you asked a sample question? <input type="checkbox"/>	Name <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
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