



## 18 Years & Over Registration Form UNSUPERVISED CLIMBING

Please complete the form in **BLOCK CAPITALS**

### Personal Details

|          |               |
|----------|---------------|
| Name     | Date of Birth |
| Address  |               |
| Postcode |               |

### 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 of 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 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."

|                        |  |
|------------------------|--|
| DECLARATION OF FITNESS | 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. |
| DECLARATION OF FACT    | I also confirm that the above information is correct and if any information changes I will notify the centre.  |
| Signature              | Date   |

For use by Staff Only

Have you asked a sample question?

☐

Name

Date