

## 18yrs & over Unsupervised Bouldering Only Registration Form

Please complete the form in **BLOCK CAPITALS** 

Personal Details					
Name	Date	of Birth			
Address					
	Post	code			
Telephone No.	Ema	il			
Contact in the event of a	ccident				
Name	Rela	tionship			
Telephone No.	Mob	ile No.			
Conditions of Registration You must answer the follow sign the declaration at the bound of the sign will be registered.	ring questions by writing ei ottom of this form. Only clim	bers who give satisfac			•
Are you over 18 years of age?	?				
Have you read and understoo					
Do you understand that failur			1?		
Do you agree to abide by the					
Do you have any questions re	egarding the application of the	e Conditions of Use or	Rules	?	
	ou agree <u>not to climb</u> on th you must register as a no	-	ervise	ed by a	à
Participation Statement "TI and mountaineering are activities should be actions and involvement."	ctivities with a danger of p	ersonal injury or dea	ath. Pa	articipa	ants in
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 changes I will notify the centre	information is correct an	-		
Signature	Dat	e			
For use by Staff Only	Name		Date		