Registration form (Adults)

Registration Number _____

Participation Statement: Climbing and bouldering are activities with a danger of personal injury. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement. Although the Wall is an artificial environment, many of the risks involved are no less serious than when climbing outside on a crag or boulder. Climbing beyond your capabilities on any indoor wall is likely to result in a fall. Any fall may result in an injury despite the safety systems in place to avoid it. You must make your own assessment of the risks whenever you climb.

Legal Jibber Jabber: The Legal Jibber Jabber is important, is intended to be legally binding and sets out the terms and conditions that govern our agreement with you.

Your Details: By providing the details below you consent to the Wall using them to keep in touch with you regarding your use and membership of the Wall.

First name _____ Surname _____

Address _____

Tel number _____ Email _____

Date of birth _____

Conditions of Registration: Once you have read the Wall's Rules, you must answer the following questions and sign the declaration at the bottom of the form. A ☑ in the box provided means "yes". A blank box or an "x" in the box indicates that you do not agree with, or are unable to answer the questions below. Only persons who give satisfactory answers to the questions will be allowed to climb.

Are you over 18 years of age? ☐

Do you understand that the matting under the climbing surfaces does not guarantee your safety? ☐

Have you read and understood the Legal Jibber Jabber? ☐

Do you agree to abide by the Wall's Rules? ☐

Do you understand that failure to exercise care could result in your injury? ☐

Declarations: I confirm and warrant to the best of my knowledge and belief that I do not suffer from a medical condition or injury, which might have the effect of making it more likely that I will be involved in an accident which could result in injury to me or others; and the above information is correct and if any information changes I will notify the Wall

Signature _____ Date _____

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Did the climber watch the Wall's induction video? yes/ no
Did you complete an induction with the climber? yes/ no

Staff name: _____ Date: _____