

Registration form (under 18 supervised)

Registration	Number	
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Participation Statement: Climbing and bouldering are activities with a danger of personal injury. 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. Parents of participants in these activities should be aware of and accept these risks before allowing their children to take part. Participants who climb beyond their capabilities on any indoor wall are likely to 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 before you provide consent for your child to 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.

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

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Child's name				
Address				
Date of birth	Age			
Parent's Name:				
Parent's tel no:	Email			
Conditions of Registration: Once you he following questions and sign the declarate provided means "yes". A blank box or an "xare unable to answer the questions below. Once you have given satisfactory answers to	tion at the bottom of " in the box indicates t Your child will only be	the form. A hat you do not allowed to d	A ☑ in the box ot agree with, or	((
Are you legally responsible for the child nar	med above?			
Do you understand that the matting under the climbing surfaces does not guarantee your child's safety?				
Have you read and understood the Legal J	ibber Jabber and the V	Vall's rules?		
Do you understand that climbing is a hazardous activity and failure by your child to exercise care could result in their injury?				
Do you provide consent for your child to cli	mb at the Wall?			
Declarations : I confirm and warrant that to named above does not suffer from a medic of making it more likely that they will be inverthemselves or others; and the above information will notify the Wall.	al condition or injury, wolved in an accident w	which might h	ave the effect sult in injury to	
Signature	Date			
THIS PART TO BE FILLED IN BY RECEPTION Did the climber watch the Wall's induction video Did you complete an induction with the climber?	?	yes/	no no	
Staff name:	Date:			