Revolution Climbing Centre

Climbing Wall Group Registration Form

In order to use the climbing facilities, you are required by Law to fully complete this form using

Please use BLOCK CAPITALS when filling out this form.

By signing this form, I acknowledge that climbing is a dangerous activity and could result in injury or even death. I confirm that Revolution Climbing Centre's staff has advised me that all climbers should wear full, suitable climbing equipment. I shall not hold the proprietors or the employees of Revolution Climbing Centre responsible for any loss, accidents or damage whilst on these premises unless the management or staff prove to have been negligent. I have also read and understood the Climbing Centre rules/safety signs and hereby agree that by signing below, I agree with the above and allow my group/children to use these facilities under the conditions described here.

Do not use Revolution climbing facilities if you are unwilling to accept these risks!

Please fill in Your Details in the spaces provided below in **BLOCK CAPITALS**			
Organisation		Postcode/Zip.	
Address		Telephone Number.	
		Emergency Contact No.	
		E-Mail	

Forename	Surname	D.O.B

Forename	Surname	D.O.B

	Yes	No
Has any member of your group been advised by a Doctor, not to take part in sports related activities?		
Has any member of your group an illness that could put you at risk whilst using the Revolution Climbing Centre?		
If you answer yes to either of these questions, we may ask you to provide more information relating to your current state of health.		

Please provide any other information you think we may need to know.

The British Mountaineering Council issues the following advice to anyone who participates in any Climbing activity:

"Climbing is an activity with a risk of personal injury or death. You should be aware of this, accept these risks and be responsible for your own actions and involvement."

Do <u>not</u> use Revolution climbing facilities if you are unwilling to accept these risks!

By signing this form, I hereby take full responsibility for the group whose names I have entered above.

Sign and Print Name		**Date:**	