

## **GUEST REGISTRATION FORM**





## **Participation Statement**

"The British Mountaineering Council 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."

Guests - By Signing below you understand that you will be supervised by the applicant who has a duty of care to you and other users and to ensure you abide by the centres rules and conditions of use:

Name of Gu	est 1 (Print Nam	e):	Age:	Guest Signature:	
Name of Gu	est 2 (Print Nam	e):	Age:	Guest Signature:	
REGISTERED (	CLIMBERS / SUPER	NISORS - Personal De	tails Please cor	mplete the form in BLOCK CAPIT	ΓALS.
Title	First Name		Surna	ame	
Male / Female		Address			
Date of Birth					
Evening Tel. No	).				
Daytime Tel. No	).			Post Code:	
You and your gethese conditions guests at anyting guests signature have the author unsupervised were a reported by the condition of the conditions of the co	juests must have reads and rules. You have so and rules. You have the in the facility with es or parent / guardirity as a guardian. Outline a max of 2 Guests over 18 years of agou read and understand that the understand that failure have any questions a competent climber agree to abide by the fitness.	ad the Conditions of Let a duty of care to you out you're supervision. ian's where appropriate only climbers who give sets.  The conditions of Us matting under the walls are to exercise due care regarding the application of able to act as a supervise Rules of the climbing of the to the best of the conditions of the climbing of the to the best of the conditions of the climbing of the to the best of the conditions of the climbing of the to the best of the conditions of the climbing of the cl	r guests and oth Sign the declara at the top – this attisfactory answers.  e and Rules of the does not Guaran could result in your of the Condition isor for your two centre?	tee your safety or your guests? our or your guests injury or death? os of Use or the Rules? guests?that I and my guests do not suff	no abide by never leave ng with the visor if you ed to climb or NO
medical condition which might have the effect of making it more likely that I or they will be involved in an accident which could result in injury to myself or others.  Declaration of fact  I also confirm that the above information is correct and if any information changes I					
<u>Declaration of</u>		o confirm that the abornotify the centre:	ve information i	s correct and if any information	changes I
Signature			Date		
THIS PART TO BE FILLED IN BY RECEPTION STAFF					
Registration	Number		Regis	tration Type	
Amount Paid for Registration			Have you re	ad out the User Guidelines?	
Signature			Da	te	