PARTICIPATION STATEMENT

"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of potential injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

FIRST NAME:       SURNAME:       

GENDER: __________________________ MEMBERSHIP TYPE: __________________________

Number of Years Climbing Experience: __________________________

CONDITIONS OF REGISTRATION

Once you have read the Conditions of Use of the climbing wall, you must answer the following questions by writing 'YES' or 'NO' in the box provided, then sign the declaration below. Only climbers who give satisfactory answers to the questions will be registered and allowed to climb unsupervised.

1. Are you over 18 years of age?  
2. Have you read and understood the Conditions of Use of the wall?  
   * Can you put on a sit harness correctly?  
   * Can you tie into a sit harness with a figure of eight?  
   * Can you belay safely when using a sit harness and belay device?  
3. Are you in agreement that you do not require instruction in the three techniques listed above (marked *’)?  
4. Do you understand that failure to exercise due care could result in your injury or death?  
5. Do you agree to abide by the Conditions of Use of the climbing wall?  

N.B. If you answer NO to any of the above questions, you will not be permitted to use the wall without supervision.

DECLARATION

Declaration of Fitness: I certify that to the best of my knowledge, I do not suffer from a medical condition which might have the effect of making it more likely that I 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 will notify Sport Imperial.

SIGNED: __________________________

DATE: __________________________

THIS PART TO BE COMPLETED BY ETHOS STAFF

Registration Type: __________________________

Are you satisfied with the Competency Test? __________________________

Signature: __________________________

Date: __________________________