



Adult Unsupervised Roped Climbing and Bouldering Registration

Membership Number:

Membership Number input box

If you are under 18 years of age DO NOT fill in this form! Please ask at reception for the correct form.

PLEASE PRINT CLEARLY

Registration form fields: First name, Address, Surname, Male/Female, Date of Birth, Telephone, Post Code, Email

Conditions of Registration

Once you have read the Conditions of Use and Rules of the climbing centre overleaf, you must answer the following questions by writing either "YES" or "NO" in the box provided then sign the declaration at the bottom of the form.

- 1 Are you aged 18 or over?
2 Have you read and understood the conditions of use and rules of the centre?
3 Can you put on a climbing harness correctly?
4 Can you attach a rope to your harness using a suitable climbing knot?
5 Can you use a recognised belay device to secure a falling climber and lower a climber from the wall?
6 Do you understand that failure to exercise due care could result in your injury or death?
7 Do you agree to abide by the rules of the climbing centre?
8 Do you understand and accept the BMC's Participation Statement (overleaf)?
9 Do you understand the risks involved with bouldering?
10 Do you understand the need for, and will use a spotter where appropriate?
11 Do you understand that matting under the walls does not prevent injuries and that broken and sprained limbs are common injuries despite the matting?
12 Do you understand the risks involved with lead climbing?

Declaration of understanding: I understand that if I have answered "NO" to question 12 above I will not take part in any lead climbing at Glasgow Climbing Centre.

I accept that neither the operating Company nor its employees shall be liable for any loss or injury arising from my participation in activities at Glasgow Climbing Centre and that nothing within the terms of this consent shall affect any statutory rights.

Declaration of fitness: I certify that to the best of my knowledge, I do not suffer from a medical condition which may affect my ability to participate safely in the above activities.

Declaration of fact: I also confirm that the above information is correct and if any information changes I will notify the centre.

Signature

Signature input box

Date

Date input box

Official Use Only: To be completed by qualified GCC staff

I verify that the above named person has demonstrated the skills 3, 4 & 5 as appropriate to an acceptable level and that I have verified the accuracy of the answers to questions 1,2,6 & 12.

Name: _____

Signed: _____

Date: _____

Table with 8 columns: Day, re or Reg, Entry, Novice, Hire, Total, Pay Type, Till #, Rung up