

REGISTRATION FORM – BOULDERING ONLY

UNSUPERVISED CLIMBING AT THE FOUNDRY CLIMBING CENTRE



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.”

Personal Details By giving your email address you consent to The Foundry using your it. The Foundry will not give your email address to any other organisation/person.

Title First Name Surname

Male / Female Address

Date of Birth

Tel. No.

Email Post Code

How long have you been climbing?

Conditions of Registration

If you are under 18 years of age **DO NOT** fill in this form! Please ask at Reception for the correct form. Once you have read the **Bouldering only Conditions of Use** for membership at the Foundry Climbing Centre, 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. Only climbers who give satisfactory answers to the questions will be registered and allowed to climb unsupervised.

Are you over 18 years of age?

Have you read and understood the Bouldering Only Conditions of Use of the centre?

* Do you understand that you must always be aware of and keep clear of other climbers above you when on the bouldering mats?

* Do you understand that you must always be aware of and keep clear of other climbers who may be on roped climbs on the tall walls adjacent to the bouldering walls?

* Do you understand that the matting under the bouldering walls cannot remove the risk of injuring yourself should you fall on to the mats?.....

Do you agree to not use the top rope and lead walls as a climber or belayer?

Do you understand that failure to exercise due care could result in your injury or death?

Do you have any questions regarding the application of the Bouldering Only Conditions of Use?

Do you agree to abide by our Bouldering Only Conditions of Use?

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 the centre:

Signature Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Registration Number

Staff Date

Signature