



# BOULDERING Registration Form

Birmingham Bouldering 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** Please complete the form in **BLOCK CAPITALS**.

Title  First Name  Surname

Male / Female  Address

Date of Birth

Evening Tel. No.

Daytime Tel. No.

Occupation  E-mail address

Post Code:

How did you hear about North West Face?

**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 **Conditions of Use and Rules** of the 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 and Rules of the centre?

Do you understand that the matting under the bouldering walls cannot remove the risk of injury?

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

Do you understand that if you do use the roped walls, having agreed not to, and another person is injured as a result of your actions then it is you, not the Climbing Wall that will be legally liable?

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 Bouldering Conditions of Use or the Rules?

Do you agree to abide by the BOULDERING ONLY Rules of the climbing centre?

**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  Registration Type

Amount Paid for Registration

Signature  Date