



Rock Climbing



BMC Participation Statement

“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.” (BMC/UIAA participation statement)

I am OVER 18 years old.

I have read and understood the above participation statement. I would like to participate in rock climbing and fully understand that participation in any climbing activities will require a degree of personal responsibility and maturity to be shown at all times. I understand that when participating, any instructions given by The Barn Staff must be adhered to at all times. I undertake to inform staff of any changes in health and any medical treatment received.

Parent/ Guardian Name _____

Address _____

Postcode _____

E-mail _____

Date of Birth ____/____/____

Telephone _____ Mobile _____

Any special medical conditions or allergies including any current medication

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.

Signed _____

Name in full _____

Date _____

The Barn will not sell or pass on your details to third parties.



Accompanied Under 18 Participants



First Under 18:

First Name: _____ Surname: _____

Date of Birth: _____ | _____ | _____ Gender: _____

Address: _____

Any special medical conditions or allergies including any current medication:

Emergency Contact:

Full Name: Mr/ Mrs _____

Mobile: _____ Home: _____ Work: _____

Second Under 18:

First Name: _____ Surname: _____

Date of Birth: _____ | _____ | _____ Gender: _____

Address: _____

Any special medical conditions or allergies including any current medication:

Emergency Contact:

Full Name: Mr/ Mrs _____

Mobile: _____ Home: _____ Work: _____

Third Under 18:

First Name: _____ Surname: _____

Date of Birth: _____ | _____ | _____ Gender: _____

Address: _____

Any special medical conditions or allergies including any current medication:

Emergency Contact:

Full Name: Mr/ Mrs _____

Mobile: _____ Home: _____ Work: _____

I am the Parent/ Guardian of all Under 18's listed above. I have read and understood the **BMC Participation Statement** and the terms and conditions of The Barn Climbing Centre and consent to the Under 18's listed above to participate in supervised activities. I have ensured that while under supervision, any instructions given by staff must be adhered to at all times. I undertake to inform staff of any changes in health and any medical treatment received. I agree to accompany above Under 18's for the duration of the session.

Parent/ Guardian Signed: _____ Full Name: _____

Date: _____