

GROUPS UNDER INSTRUCTION

- to be completed by participants in instructed groups.

"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."

Each participant please fill in your details in one of the rows below. Please write **"YES"** or **"NO"** against the question regarding medical conditions to indicate if you suffer from any medical condition that your instructor should know about. If you answer "yes" please make sure to speak to the instructor about it before the start of the session. There is a maximum of six participant per alien rock instructor.

| No. | Name of participant | Address | Emergency phone no. | Any medical conditions? | Signed (if under 18 please write age, no signature) |
|-----|---------------------|---------|---------------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

To be completed by GROUP LEADER:

Have you checked the details of the participants above and are the details, to the best of your knowledge, correct? Yes/No

For any of the participants who are under 18 years old: Have you been given permission by their parent or guardian to involve them in this potentially dangerous activity? Yes/No

Name

Email

Address

Signed

Date

To be completed by INSTRUCTOR:

Have you checked the details of the people above so that you can take account of each person's age and any medical conditions that might affect their participation in the activity? Yes/No

Do you accept full responsibility for the safety and actions of the people listed above while they are in the climbing centre? Yes/No

Name

Signed

Date

RECEPTION (external instructors only):

Have all the people participating filled in the above form? Yes/No

Has the group leader completed their part of the form?

Has the instructor completed their part of the form?

Have you checked that the instructor's qualification, first aid and insurance docs are on file and in date?

Harnesses: **Shoes:**

Signed

Date

RECEPTION (all groups):

Paid on day: ^{✓/✗} **Invoiced/number:** ^{✓/✗} /

Notes: