



A Supervising Member can bring a MAXIMUM of TWO guests into ROKT Climbing Gym

**\*BMC STATEMENT** All climbers must understand and accept the British Mountaineering Council participation statement: "The BMC 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"

**ADULT NOVICE DETAILS**MEMBER ID: 

NAME: \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ POST CODE: \_\_\_\_\_

MOBILE/CONTACT NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
 Tick this box if you do NOT wish to receive information from ROKT via email  
 Tick this box if you do NOT wish to receive information from ROKT via SMS**PLEASE CIRCLE****HAVE YOU READ AND UNDERSTOOD THE BMC STATEMENT\*? YES / NO****DO YOU AGREE TO BE SUPERVISED BY THE MEMBER MENTIONED AT THE BOTTOM OF THIS FORM AND THAT THEY ARE RESPONSIBLE FOR YOUR SAFETY DURING EACH VISIT TO THE CENTRE? YES / NO****I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I DO NOT SUFFER FROM ANY 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 ME OR OTHERS. I ALSO CONFIRM THAT THE ABOVE INFORMATION IS CORRECT AND IF ANY INFORMATION CHANGES I WILL NOTIFY THE CENTRE. YES / NO****SUPERVISING MEMBER DETAILS**NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POST CODE: \_\_\_\_\_MOBILE/CONTACT NO: \_\_\_\_\_ **PLEASE CIRCLE****AS THE SUPERVISING PERSON DO YOU AGREE TO BE RESPONSIBLE FOR THE SAFETY AND BEHAVIOUR OF YOUR GUEST(S) DURING THEIR VISIT? YES / NO****AS THE SUPERVISING PERSON DO YOU AGREE TO DRAW YOUR GUEST(S) TO THE ATTENTION OF THE CONDITIONS OF USE AND ENSURE THAT THEY ADHERE TO THESE? YES / NO****ARE YOU ABLE AND WILLING TO HELP YOUR GUEST(S) IN THE CORRECT USE OF A CLIMBING HARNESS? YES / NO****ARE YOU ABLE AND WILLING TO HELP YOUR GUEST(S) IN TYING INTO A HARNESS WITH THE APPROPRIATE KNOT? YES / NO****WILL YOU ENSURE IF YOUR GUEST(S) BELAY THAT THEY BELAY SAFELY AND WITH THE ROPED TAILED BY A COMPETENT CLIMBER? (NOVICES MUST NOT BELAY WITHOUT A COMPETENT ADULT TAILING THE ROPE) YES / NO**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM CHECKED BY STAFF MEMBER. Sign: \_\_\_\_\_ Date: \_\_\_\_\_**