



This form must be completed by a parent or guardian if your child is participating in activities with ROKT Climbing Gym and is under 18 years of age.

### PARTICIPATION STATEMENT FROM THE ROCK CLIMBING UK GOVERNING BODY

"The British Mountaineering Council recognises that climbing, hill walking 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."

DATE OF COURSE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VENUE: ☐ ROKT ☐ OTHER (PLEASE SPECIFY) \_\_\_\_\_

### PARTICIPANT DETAILS:

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ POSTCODE: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

FULL NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT TO ABOVE): \_\_\_\_\_

POSTCODE: \_\_\_\_\_ CONTACT NUMBER: (IN CASE OF EMERGENCY) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

☐ TICK THIS BOX IF YOU **DO NOT** WISH TO RECEIVE ROKT INFORMATION AND OFFERS BY EMAIL

☐ TICK THIS BOX IF YOU **DO NOT** WISH TO RECEIVE ROKT INFORMATION AND OFFERS BY SMS

NAME OF GP (IF AVAILABLE): \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

PLEASE GIVE DETAILS (IN THE BOX BELOW) OF ANY SPECIAL MEDICAL CONDITIONS OR ALLERGIES, FOOD INTOLERANCES OR SPECIAL DIETARY NEEDS/PREFERENCES (E.G. LACTOSE INTOLERANCE, VEGETARIAN ETC), INCLUDING CURRENT MEDICATION (AND ITS LOCATION)

**I have ensured that the participant understands that all the rules and instructions given by staff are obeyed for his/her safety and the safety of the group.**

I, the parent/guardian undersigned accept and recognise that there are inherent risks with taking part in adventure activities at the venue stated and similar venues your child may visit. The specific activities are: roped rock climbing; traversing; bouldering; belaying; high and low ropes; slacklining; tyrolean traverse; abseiling; archery; indoor caving; indoor dry-tooling and other associated activities including moving belay weight bags.

I understand that the soft flooring does not make climbing any safer. Uncontrolled falls are likely to result in injuries to the participant or others (bruises, cuts and skin abrasion injuries are common). The soft flooring under the bouldering walls is designed to provide a more comfortable landing.

I agree to the participant receiving emergency medical treatment if necessary. I understand that the party leaders will do their best to contact me prior to such treatment.

I understand that arrangements for the care, supervision and discipline will be in accordance with the normal policies and practice at ROKT Climbing Gym. I agree to reinforce the need for the participant to follow any of the gym's codes of behaviour or briefings given.

I confirm that the participant is in good health and I consider him/her fit to participate and agree to inform the staff if there are any changes to the above information.

I understand that whilst every reasonable care will be taken, ROKT Climbing Gym and its staff cannot be held responsible for damage to or loss of property (including clothing) whilst taking part in activities.

I am aware of the desirability of arranging insurance in respect of personal accident cover.

My child understands that for the groups and his/her safety, they must obey the rules and instructions given by members of staff.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### THIS PART TO BE FILLED IN BY RECEPTION STAFF:

FORM CHECKED BY: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_