

HOTROCK CLIMBING WALL

ADULT MEMBERSHIP

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."

Personal Details

Please complete the form in BLOCK CAPITALS, it is your duty to inform us of any changes to these details.

First Name _____ Last Name _____ D.O.B _____ / ____ / ____

Male Female

Address _____

_____ Post Code _____

Tel No _____ Mobile No _____

Email _____

I have been climbing for years.

Are you a current climber club member? If so which one?

Condition of registration

If you are less than 18 years of age do not fill in this form. Please use under 18's form.

Once you have read the Rules and Regulations of the Hotrock Climbing Wall, you must answer the following questions by writing YES or NO in the box provided and 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 received, understood and agreed to abide by the Regulations and Procedures of the Hotrock Climbing Wall?

Can you correctly fit and fasten a harness?

Can you attach a rope correctly to your harness using a figure of eight or bowline and stopper knot?

Can you belay competently using a recognised belay device?

Do you understand that climbing holds can and do spin regularly?

Are you aware of the importance not to walk or climb beneath another climber?

Do you require any instruction in the above? If yes a competent climber must fill in below.

I (full name) will take full responsibility for the named person on this form.

I am competent to do so. Signature:

Membership No:

Do you understand that failure to exercise due care could result in your or another's injury or death?

Do you have any questions regarding the application of the Conditions of use or the Rules?

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 others or myself.

Declaration of Fact

I also confirm that the above information is correct and if any information changes I will notify the wall staff:

Signature:

Date:

/ /

This part to be filled in by Hotrock Climbing Wall/Tollymore National Outdoor Center staff.

Membership Number Have you asked sample question?

Registration Type: Adult M.I. Unemployed Boulder Only Bottom Rope/Auto Belay Lead Climber

Staff Name: _____