

Application for Access to Sunderland Wall

SURNAME	MEMBERSHIP NO.
FORENAME	
AGE	DATE OF BIRTH

ADDRESS
.....	
POSTCODE	

HOME PHONE
MOBILE

EMERGENCY CONTACT	PHONE NUMBER
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MEDICAL CONDITIONS	TYPE OF EMPLOYMENT
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Questionnaire (circle either yes or no as appropriate)

- | | |
|--|---------------|
| 1. I can correctly fit a harness to the manufacturers' instructions | YES/NO |
| 2. I can tie onto the rope having threaded it correctly through the harness using a 'figure of eight' or 'bowline' knot. | YES/NO |
| 3. I can belay using a recommended belay-device and harness correctly | YES/NO |
| 4. I can lead climb and make proper use of in-situ protection | YES/NO |
| 5. If I have stated YES to any of the above questions I have been observed undertaking the actions by a member of Sunderland Wall's Staff to a satisfactory standard. | YES/NO |
| 6. I am aware of the risk of bolt-on-holds spinning and breaking and make my own judgements accordingly | YES/NO |
| 7. I hold the relevant MLTE Instructor qualification and Public Liability Insurance. | YES/NO |
| 8. I agree there may be restrictions to my use in the climbing wall and agree to inform reception staff of any changes in my competence and ability. | YES/NO |

Staff administration only

Level Group leader Instructor Supervised Bouldering Top rope Lead climb

Type of membership Adult/Concession/Privilege

Membership card issued **YES/NO** Date issued

Ability Test Carried Out **YES/NO** Staff Initials Signature.....

Form checked by Staff name Signature

Sunderland Wall Conditions

In consideration of my being given access to the facilities and equipment at the climbing wall operated by Sunderland Wall Ltd (“the climbing wall”), I acknowledge that:

BMC 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 involvement.’

1. I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved.
2. I know of no reason why I should not participate in any of the programmes and activities at the climbing wall. I hereby declare myself free of any condition, disease, impairment, infirmity or illness that may affect my participation. I agree to inform a member of staff and provide written consent from my doctor should such a condition or complaint arises, before continuing with any activity.
3. I agree to abide by all verbal and written notices regarding safety whilst at the climbing wall. I agree to use only the sections of the climbing wall and equipment that I have been inducted on and/or am fully conversant with.
4. I have had the opportunity to ask questions about the activities, use of the equipment and other related issues at the climbing wall, and any questions I have asked have been answered to my satisfaction.
5. I agree to be totally responsible at all times for the safety and instruction of any guests that I may bring to the climbing wall and in the case of a minor; I have the expressed permission from their parent or guardian.
6. I confirm that the questionnaire attached hereto has been completed accurately to the best of my knowledge and belief.
7. The climbing wall accepts no liability for any death, injury or illness resulting from my failure to disclose any relevant medical impairment or condition or from the misuse of the climbing wall’s facilities or equipment or failure of personal equipment.
8. Without prejudice to the above, the climbing wall accepts no liability for loss of whatsoever nature and howsoever arising caused to me or suffered by me whilst on the climbing wall’s premises WITH THE EXCEPTION of any liability or loss that is caused by the negligent acts or omissions of the climbing wall and/or its employees.
9. I have read and agree to be bound by these conditions.

Name (please print)	
Signed	Date