 

Bouldering Registration Form (Adult Unsupervised)

This form is for experienced/competent climbers (aged 18 and over) who wish to use the David Ross Sports Village bouldering wall unsupervised

The climbing wall adheres to the British Mountaineering Council (BMC) climbing participation statement below:

***“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.”***

**PERSONAL DETAILS –** Please complete the form in **BLOCK CAPITALS.**

First Name Click here to enter text. Last Name Click here to enter text.

Student number / Staff payroll number (if applicable): Click here to enter text.

**Conditions of registration**

If you are under 18 years of age, please ask your parent / guardian to instead complete our Under 18 registration form   
  
Once you have read the conditions of use and rules of the climbing centre, you must answer the following questions by choosing “**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 boulder unsupervised.

|  |  |
| --- | --- |
| Are you over 18 years of age? | No |
| Have you received, read, understood and agreed to abide by the conditions of use and rules of the wall? | Yes |
| Do you understand that climbing holds can break and spin? | Yes |
| Is it OK to walk or climb beneath another climber? | Yes |
| Do you understand that the matting under the climbing wall does not guarantee your safety? | Yes |
| Do you understand that failure to exercise due care could result in your or another’s injury or death? | Yes |
| Do you have any questions regarding the application or the conditions of use or the rules? | Yes |
| Do you understand that you are **not** allowed to use the roped climbing wall? | Yes |

Do you require instruction in any of the above? Click here to enter text. If yes, a competent climber must fill in below.

I Click here to enter text. (Full Name) will take full responsibility for the named person on this form. I am competent to do so. Signature: Click here to enter text.

**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 resulting 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 University of Nottingham Sport.

Signature Click here to enter text. Date Click here to enter a date.

Office use only:

Sample question no: Click here to enter text. Pass or fail? Click here to enter text.

Registration Type: Student  Staff  Alumni  Associate  Public  Member/casual

Staff name (print) Click here to enter text. Logged Date Click here to enter a date.

This information will be held on an electronic database by University of Nottingham Sport and will not be passed on to any third parties.