



REGISTRATION & RISK ACKNOWLEDGEMENT FORM

Un Supervised - Climbing and Bouldering at The Dublin Climbing Centre

Participation Statement

“Mountaineering Ireland recognises that climbing and bouldering 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.” I am aware that climbing and bouldering are activities with an inherent danger of personal injury or death. I understand the nature of the activity and accept the risk involved.

Personal Details Please complete the form in BLOCK CAPITALS.

Title First Name Surname

Male / Female Address

Date of Birth

Evening Tel. No.

Daytime Tel. No.

Post Code:

E-mail address

How did you hear about Dublin Climbing Centre

Conditions of Registration

If you are under 18 years of age **DO NOT** fill in this form! Please ask at Reception for the correct form.

Once you have read the **Conditions of Use and Rules** of the climbing centre, you must answer the following questions by writing either “**YES**” or “**NO**” in the box provided 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?

Can you: Lead Climb Bottom rope Boulder climb Write **No**, if none

Have you read and understood the Conditions of Use and Rules of the centre?

* Can you put on a climbing harness correctly?

* Can you attach a rope to your harness using a suitable climbing knot?

* Can you use a belay device to secure a falling climber and lower a climber from the wall?

Do you require instruction in any of the above three techniques (marked *)?

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

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

Do you agree to abide by the Rules of the climbing centre?

• **Declaration of fitness**

• I certify that to the best of my knowledge; I do not suffer from a medical condition or have any additional needs which might have the effect of making it more likely that I be involved in an accident which could result in injury to myself or others.

• **Declaration of fact**

- I also confirm that the above information is correct and if any information changes I will notify the centre.
- I have read and acknowledge Mountaineering Ireland’s participation statement.

Signature

Date

To be Filled in by Reception

Where do you climb?.....

How often do you climb?.....

When was the last time you climbed?.....

Belay Tested (Sign).....Date.....

If Induction (See over) Completed Date:.....