

novice supervision form

novice (participant) to complete



supervisor's details:

First supervisor - full name | signed

date | membership number

Second supervisor - full name | signed

date | membership number

I am over 17 years of age

I WILL TAKE FULL SUPERVISORY RESPONSIBILITY FOR THE NOVICE AS NAMED BELOW AND REALISE THAT SUPERVISING MEANS I WILL NOT BE ABLE TO CLIMB. I WILL TAKE FULL RESPONSIBILITY IN THE TYING IN OF KNOTS, EXPLAINING OF THE CENTRE AND ITS CLIMBING RULES, CORRECT FITTING OF HARNESSSES AND CORRECT AND SAFE BELAYING.

participant's details:

participant's surname	participant's first name
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address

postcode

date of birth | email | tel. number

next of kin	contact number
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PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of 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 HAVE READ THE ABOVE PARTICIPATION STATEMENT AND THE TERMS AND CONDITIONS OF WILD ROCK AND AGREE TO BE SUPERVISED BY THE ABOVE NAMED REGISTERED CLIMBER

participant's name in full

signed | date

Wild Rock will never sell or pass on any personal information to third-party companies or organisations.