

GROUPS UNDER INSTRUCTION

TO BE COMPLETED BY PARTICIPANTS IN INSTRUCTED GROUPS (Maximum of nine participants with one instructor)

Participation Statement: All climbing activities have a risk of serious injury or death. Participants must recognise that even if they follow all good practice there may still be the risk of accident and injury. It is the responsibility of the participant to adhere to the conditions of use. **As with all sporting activities, injuries are possible in climbing and might be sustained despite the safety systems in place.** Sessions are supervised by qualified, experienced instructors. Climbers should never climb, boulder or belay without the permission of their instructor. They must remain with their Instructor at all times and follow directions given.

Your Personal Information & How We Use It

Please read the important information at the back of this form before entering your details below.

No.	Name of Participant	Age (if under 16)	Medical Conditions/Injuries/Disabilities (YES or NO)
1.			Please write "YES" or "NO" to indicate if you have any relevant injuries, disabilities, physical or mental health conditions that the instructor should be aware of. If you answer "YES" then please make sure you speak to the instructor about it before the start of the session.
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

TO BE COMPLETED BY THE GROUP LEADER

Have you checked the details of the participants above and are the details, to the best of your knowledge, correct? (YES or NO)

For any of the participants who are under 16 years of age, have you been given permission by their parent or guardian to involve them in this potentially dangerous activity and do you accept that that you are responsible for the welfare of each child according to the instructions of their parent or guardian? (YES or NO)

Name

Organisation

Address

Signature

Date

TO BE COMPLETED BY THE INSTRUCTOR

Do you accept full responsibility for the safety and actions of the people listed above while they are under your instruction? (YES or NO)

Have you checked the details of the participants above so that you can take account of each participant's age and any medical conditions which might affect their activity? (YES or NO) ..

Name

Signature

Date

TO BE COMPLETED BY THE RECEPTIONIST

Have you checked that there is an Instructor Registration Form on file for this instructor? ("Yes" or "No")

Have all the group filled in the participant's form above? ("Yes" or "No")

Has the Group Leader completed their part of the form? ("Yes" or "No")

Has the Instructor completed their part of the form? ("Yes" or "No")

Signature

Date

Your Personal Information & How We Use It

Your privacy is important to us at The Castle and we will only use your personal information to set-up & administer your membership, provide & improve the services you request from us and (if you agree) provide news/updates regarding events and service that may be of interest to you.

Your information will only be shared with other organisations if it is necessary to do so in order to provide the services requested, comply with a legal obligation to which we are subject, or where there is a vital interest in doing so (e.g. if you suffer a medical emergency while climbing here) or some other legitimate interest. We will not share your information for marketing purposes outside of the Castle.

For further information please see: <https://www.castle-climbing.co.uk/privacy-notice> or if you have any questions please email dpo@castle-climbing.co.uk