



RECOGNITION OF RISK. ROKT Climbing Gym

I the undersigned accept and recognise that there are inherent risks with taking part in adventure at the venues stated below and similar venues I may visit. The specific risk sports are; roped rock climbing, traversing, bouldering, belaying, High and Low Ropes and other associated activities including moving belay weight bags.

DATE OF COURSE _____

SPORTS VENUES: _____ ROKT, BRIGHOUSE _____

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".

FULL NAME OF PARTICIPANT:

Participant Details:

DATE OF BIRTH:	TELEPHONE NUMBER/S:
ADDRESS OF PARTICIPANT :	Email:
	POSTCODE:
<input type="checkbox"/>	Tick this box if you do not wish to receive ROKT Information by email
<input type="checkbox"/>	Tick this box if you do not wish to receive ROKT information by SMS
NAME OF GP (if available):	PHONE NUMBER:
DETAILS OF ANY SPECIAL MEDICAL CONDITIONS OR ALLERGIES, FOOD INTOLLERENCES OR SPECIAL DIETARY NEEDS / PREFERENCES (i.e. LACTOSE INTOLLERENCE, VEGETARIAN ETC), INCLUDING CURRENT MEDICATION (and its location):	

Next of kin details

FULL NAME OF NEXT OF KIN:	TELEPHONE NUMBER/S:
RELATIONSHIP TO PARTICIPANT:	
ADDRESS OF NEXT OF KIN (if different than above):	
POSTCODE	
FURTHER CONTACT DETAILS FOR PERSONS IN CASE WE CANNOT CONTACT MAIN NEXT OF KIN: Name, relation and contact tel number please:	
I HAVE READ THE ABOVE PARTICIPATION STATEMENT AND THE CONDITIONS OS USE AND BEST PRACTICE NOTICES AND RECOGNISE THE INHERENT RISKS INVOLVED, THIS INCLUDES INJURIES SUSTAINED OF ANY FALL OR IMPACT. I UNDERSTAND THAT WHEN PARTICIPATING IN THE APPLICABLE SPORTS, ANY INSTRUCTIONS GIVEN BY STAFF MUST BE ADHERED TO. I UNDERTAKE TO INFORM STAFF OF ANY CHANGES IN MY HEALTH OR NEEDS AND ANY MEDICAL TREATMENT RECEIVED.	
Signed.....Name in	
Full.....Date.....	

IF THERE IS INSUFFICIENT SPACE IN THE ABOVE BOXES, PLEASE CONTINUE ON THE REVERSE OF THIS FORM. Return form completed in full to: ROKT Climbing Gym, Brighouse, Yorkshire.