

# Consent Form for U18s



**“The BMC recognises that climbing, hill walking 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”**

CHILD'S First name		CHILD'S Last Name	
CHILD'S Date of Birth		Gender	Male/female* (Delete as appropriate)
Address			Postcode
Does the child named above have any medical problems you feel we should know about? (include all details about Asthma, Diabetes, Epilepsy if applicable)			
Give details of any medicines/tablets being taken, allergies and dietary requirements			
His/Her doctor's surgery address and tel number(s)			
Name of Child's Parent/Guardian		Emergency contact tel:	Email:

## Declaration

- I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death.
- I understand the nature of the activity and accept the risk involved.
- I understand that safety matting does not guarantee safety in the event of falling or jumping from the climbing wall.
- I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics. Where I am not the child's parent or legal guardian, I agree to make contact with that person in the event of such consent being necessary.
- I have read, understood and agree to abide by the Conditions of Use & House Rules of Aber Rocks on behalf of the child named above.

\*\*Delete as appropriate:

- I confirm I am the parent/guardian of the above named child and that I consent for him or her to take part in climbing activities at Aber Rocks having due regard to the risks involved. **OR**
- I am NOT the parent or guardian of the above named child, however, I have their permission to bring the child here to climb today.

FULL NAME		Relation to child	
Address (if not same as above)			
SIGNED		Date	

## Consent for unsupervised climbing for 14 years and over only

**This section will only be accepted if signed by the parent/legal guardian in the presence of Aber Rocks staff**

**In addition to the above declaration I confirm the child named above is aged 14 or over and I give my consent for them to climb unsupervised at Aber Rocks subject to the additional conditions imposed in respect of this privilege:**

**Conditions:** The child will only be registered to climb unsupervised if they can demonstrate to Aber Rocks Management that they are competent climbers and as long as they abide by the Rules & Conditions of Use set by the Centre. Competent climbers are those who are able to climb up and down unassisted, who understand the risks associated with bouldering & are aware of the impact of their behaviour on other climbers.

SIGNED (PARENT OR LEGAL GUARDIAN ONLY)		Date	
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**Reception staff to complete:** Competence tested? Y/N    If novice, has induction course been completed? Y/N

Signed (reception staff) \_\_\_\_\_ Date \_\_\_\_\_