

# GROUPS / PARTY FORM – SUPERVISED



**TO BE COMPLETED BY PARTICIPANTS IN INSTRUCTED GROUPS**

*“The British Mountaineering Council recognizes that climbing 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.*

Each participant please fill in your details in one of the rows below.

No.	Name of Participant	Address	Emergency Contact No.	Age (if under 16)	Medical Conditions	Office Use
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

**TO BE COMPLETED BY THE GROUP LEADER**

YES/NO

Have you checked the details of the participants above and are the details, to the best of your knowledge, correct?

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?

**NAME**

**ORGANIZATION**

**ADDRESS**

**SIGNATURE**

**DATE**

**TO BE COMPLETED BY THE INSTRUCTOR**

YES/NO

Do you accept full responsibility for the safety and actions of the people listed above while they are in the climbing centre?

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?

**NAME**

**OH REG#**

**SIGNATURE**

**DATE**

**TO BE COMPLETED BY THE OVERHANG**

YES/NO

Have you checked that there is an Instructor Registration Form on file for this instructor?

Have all the group filled in the participant’s form above?

Has the Group Leader completed their part of the form?

Has the Instructor completed their part of the form?

**SIGNATURE**

**DATE**