



GROUP TUITION

BMC PARTICIPATION STATEMENT: “The British Mountaineering Council recognises 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.”

Please make your instructor(s) are aware of any illness or medical condition that may affect any group member’s ability to safely participate in any of the climbing activities, or that may affect other members of the group.

As the organiser of a group instructed by The Weedon Project Bouldering Gym: -

- I accept that all forms of rock climbing are an activity with a danger of injury or death and accidents can happen even when under supervision.
- I can confirm that all attendees (or parents/guardians of attendees if they are under 18) have been given a copy of the terms and conditions of The Weedon Project Bouldering Gym, and that they have/have been given the appropriate permission to attend this session.
- I accept whilst under instruction to listen to and follow instructions and safety procedures as outlined by The Weedon Project Team. If unclear on any aspect, I should question the supervisor accordingly and not endanger myself or others.
- I confirm that no participant in my group is under the influence of alcohol or other mind-altering substances: Any prescribed medication that you feel may affect any member of your groups participation should be discussed with the instructor and detailed on an additional medical form.
- I accept to pay the appropriate course fee or arrange payment invoice.
- By signing this document, I agree to ensure that payment for the group session will be made in full prior to the session commencing.
- I have read and understood the BMC participation statement above.

I can confirm that each participant has been given a medical form which has been completed by their parent or legal guardian (should they be under 18). I understand that failure to provide these to the TWP team prior to the session will result in none participation.

I also confirm that I will discuss any relevant medical issues with the group instructor before the start of the session.

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| OFFICE USE How many medical forms are attached? | <input type="checkbox"/> |
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Please sign as the supervisor for all the students named on the attached register, in particular the under 18s in your group session(s). Please complete this form in BLOCK CAPITALS.

Group Name:..... Date:.....

Leaders Name:.....

Mob No:..... Signature:.....

Date:.....



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| OFFICE USE ONLY: | |
| Instructors Name: | |
| No. of Hours of Instruction: | |

GROUP _____ INSTRUCTOR _____

DATE ___/___/___ TIME _____

THIS FORM MUST BE ATTACHED TO AN APPROPRIATE GROUP TUITION FORM

| Under 18's | First Name | Surname | Date of Birth | Emergency Contact |
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| Over 18's | | | | |
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