

**GROUP TUITION**

GROUPS BEING INSTRUCTED BY PINNACLE CLIMBING CENTRE INSTRUCTORS  
**The Pinnacle Climbing Centre, Northampton**  
 Unit 1, Minton Business Centre, Main Road, Far Cotton, Northampton, NN4 8ES  
 Tel: 01604 875996  
 Email: [climbing@thepinnaclecentre.co.uk](mailto:climbing@thepinnaclecentre.co.uk) [www.thepinnaclecentre.co.uk](http://www.thepinnaclecentre.co.uk)

**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 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 a member of a group instructed by The Pinnacle Climbing Centre:-

- I accept that rock climbing is an activity with a danger of injury or death and that accidents can happen even when under supervision.
- I accept whilst under instruction to listen to and follow instructions and safety procedures as outlined by the group supervisor. If unclear on any aspect, to 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 group’s participation should be discussed with the instructor and detailed on an additional, attached sheet.
- I accept to pay the appropriate course fee or arrange payment by invoice.
- I have read and understood the BMC participation statement above.

I can confirm that none of the participants detailed overleaf suffers from any medical conditions or illnesses that may affect their ability to safely participate in climbing activities. If I leave this tick box blank, I will detail the relevant issues on an additional, attached sheet and ensure that these are discussed with the group instructor before the start of every session.

There are no relevant medical issues to declare in this group.

**Please sign as supervisor for all the students named on the attached register, in particular the Under 18s in your group sessions. Please complete this form in BLOCK CAPITALS.**

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

Leader’s name ..... Mobile no: .....

Signature: .....

**Please tick one of the following:**

I will pay for this session in full by the start of the session at the latest

I have a credit account with The Pinnacle Centre and wish this session to be invoiced

Invoice details: FAO: ..... Invoice by e-mail: .....

Invoice by mail: .....

Postcode.....

**OFFICE USE ONLY**

Pinnacle Instructor Name(s):

No. of hours instruction:

Doc. Name	Group Tuition	Doc. Ref.	PG001	Version	2
Amended by	KCG	Date	31/07/11		