

**Party Consent Form**  
**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

**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 (epilepsy, asthma, diabetes) that may affect your ability to safely participate in any of the climbing activities.**

As a member of a Pinnacle Climbing Centre Instructed session:-

- 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 agree that whilst under instruction I will listen to and follow instructions and safety procedures as outlined by the instructor. If unclear on any aspect, to question the instructor accordingly and not endanger myself or others.
- I confirm that no participant detailed below is under the influence of alcohol or other mind-altering substances. (Any medication that you feel may affect participation should be discussed with the instructor.)
- I accept to pay the appropriate course fee.
- I have read and understood the BMC participation statement above.

I can confirm that none of the participants detailed below 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 these are discussed with the instructor before the start of every session.

There are no relevant medical issues to declare.

Party Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

**Organiser** First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Tel. No \_\_\_\_\_ E-mail \_\_\_\_\_

Participant's Name	Date Of Birth	Age

By signing this form you are confirming that you have read the BMC participation statement and agreements above and that you have individual consent for each of the above named participants.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Doc. Name	Parties Form	Doc. Ref.	PF001	Version	1
Amended by	KCG	Date	24/07/11		