**Climbing Wall Form**

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| **Member ID:** | |
| **First Name:** | **Surname:** |

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| **Our Duty of Care** | |
| * We will make sure that our equipment and facilities are in a safe condition for you to use by conducting regular checks and adhering to compliance regulations. * We will make sure that our staff are qualified to support your climbing needs. | * If you tell us that you have accessibility requirements which need adjustments to use the space, we will consider what is reasonable. * If we see actions which put others at risk we will intervene immediately. |
| **Your Duty of Care** | |
| * You will follow all advice and instructions you have been given. * You will wear climbing appropriate attire and footwear (clean) which will not impact on safety or hinder movement. * You will not let anyone into the climbing wall area or leave the door open. | * You will tie back long hair if you have it. * You will make sure your pockets are empty and jewellery removed before climbing. * You will regularly refresh yourself to the risks associated with climbing and correct systems of use by reading the information in the area. |

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| If you have any medical conditions, you think may hinder your climbing capabilities or impair you when exiting the building in an emergency, please provide us with any information that we may require below: |

**Declaration**

I hereby agree that, to the best of my knowledge, I have provided accurate information regarding my health status. I agree to notify any changes to my current health or contact details to a member of staff immediately.

I understand that climbing can be physically demanding and dangerous, and completing such exercises incorrectly can result in serious injury or death towards myself and others.

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| **Climber Signed:** | **Date:** |

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| **ALL Climbing Wall Users** | |
| I confirm I will:   * Follow general health and safety requirements including the climbing wall regulations, rules and etiquette as laid out by Leisure staff. * Inform Leisure staff immediately if any equipment appears to be damaged or not working correctly. * Not use any equipment without supervision if I am unsure of how to use it. | |
| **Climber Signed:** | **Date:** |
| If Climber is under 16 years old the above should be signed by their parent/guardian. Please provide Full Name of guardian and relationship to climber in **CAPITALS**: | |

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| **Do you wish to use the climbing wall without a QEII instructor present? YES [ ]** please turn over **NO [ ]** |

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| **Form scanned, attached to Gladstone account & Instructor Led field updated** | **Staff Name:** | **Date:** |

**Climbing Wall Requirements**

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| **Do you class yourself as a competent climber? YES [ ]** Competency Test required **NO [ ]** Induction required |

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| **Induction : Session 1** | **Date:** | **Induction : Session 2** | **Date:** |
| The climber was:   * Explained to about emergency procedures, and our commitments to each other from other side * Explained to about the wall structure and height, routes and grades * Given instruction about warming up (traversing, games etc.) * Shown how to check harness, helmet, belay device, ropes and karabiners for safety. * Shown how-to put-on harness and helmet properly * Shown how to tie a figure of 8 knot with stopper knot * Shown how to tie into harness * Shown how to connect and work a belay device * Shown how to belay and lower a climber on the wall * Shown how to use the auto belay system | | The Climber was able to:   * Explain about emergency procedures and safety considerations * Show how to check harness, helmet, belay device, ropes and karabiners for safety. * Show how-to put-on harness and helmet properly * Show how to tie a figure of 8 knot with stopper knot * Show how to tie into harness * Show how to connect and work a belay device * Show how to belay and lower a climber on the wall * Show how to use the auto belay system | |
| **Instructor Name:** | | **Instructor Name:** | |
| **Signed by Member:** | | **Signed by Member:** | |
| **Is The climber ready for Competency Test? YES [ ] NO [ ]** needs to re-book in for climbing induction | | | |
| **If NO, what elements could not be completed satisfactorily. Please detail:** | | | |
| **Signed by Member:** | | **Instructor Name:** | |

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| **Competency Test** | | | | |
| The climber was able to demonstrate:   * Putting on a harness correctly * Tying a figure of 8 knot with stopper knot onto a harness * Setting up a belaying device and demonstrating good belaying techniques * Safe use of the auto belaying devices. | | | | |
| **Result of Competency Test: Pass [ ] Fail [ ]** Induction required | | | | |
| **If FAILED, what elements could not be completed satisfactorily. Please detail below:** | | | | |
| **If PASSED, what is the allocated Climber Registration Number** | | |  | |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Office use only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | |
| **Climber Registration Number master updated.** |  | **Instructor Name:** | | **Date:** |
| **Form scanned & attached to Gladstone account of Climber.** |  |
| **Competent Climber and Climber Registration Number fields updated on Gladstone.** |  |