

## RISKS

**Participation in climbing activities is physically demanding and there are risks of injury including serious bodily injury, permanent disability, paralysis and loss of life**

The Centre reserves the right to refuse admittance to the Activities or remove a participant from the Activities should it deem it necessary to do so. This includes a participant who does not comply with the safety rules and advice or who is deemed to be under the influence of alcohol or drugs.

## OUR DUTY OF CARE

The rules of the centre set out below are **not** intended to limit your enjoyment of the facilities. They are part of the **duty of care** that we, as operators, owe to you, the customer, by law. As such they are **not negotiable** and if you are not prepared to abide by them then the staff must politely ask you to leave.

## YOUR DUTY OF CARE

You also have a **duty of care** to act responsibly towards the other users of the centre. Statements of 'Good Practice' are posted around the centre adjacent to the relevant facilities. These describe the accepted methods of use and how customers would normally be expected to behave towards each other.

Participants will not be directly supervised by an instructor unless as part of an instructor led activity. One adult is permitted to supervise a maximum of ten under 17 year olds. Supervising adults must sign a Risk Acknowledgement and Disclaimer stating that he or she will accept responsibility for the safety and supervision of all the children in their care.

All adult participants are required to sign a Risk Acknowledgement and Disclaimer thereby accepting that you are prepared to abide by the Rules below and that you understand the risks involved in your participation.

All participants must be reasonably fit and healthy and must weigh less than 150kg. If you have any concerns we advise that you visit the Centre at a time prior to your booking and speak to a member of staff.

If you are unsure about an activity, you should not attempt it. If any participant has any medical concerns they are advised to consult their doctor in advance. Participants will be required to certify that they do not suffer from any medical condition which would make it more likely that they would be involved in any incident which could result in injury to themselves or others.

## CENTRE RULES

### General Safety

- ✓ Report to reception on each visit
- ✓ You must exercise care, common sense and self preservation at all times
- ✓ Report any problems with the adventure walls or other participants' behaviour to a member of staff immediately
- ✓ Be aware of the other participants around you and how your actions will affect them
- ✓ Do not distract people while they are engaged in any of the Activities
- ✓ Do not engage in any of the Activities if you are under the influence of alcohol or drugs
- ✓ Do not leave items around the Centre, use the lockers provided

### When using the adventure walls

- ✓ Only climb within your ability
- ✓ Parents/Guardians are responsible for the child's welfare at all times
- ✓ Only one person per belay
- ✓ Be aware of other people around you
- ✓ No running, racing or physical contact between people when climbing
- ✓ No heels, flip flops, crocs or open toed shoes. Laces must be tied.
- ✓ Glasses must be secure
- ✓ Long hair to be tied up
- ✓ You must attend a safety briefing before you climb
- ✓ Jewellery must not be worn
- ✓ You must have harness checked before you climb
- ✓ You must be clipped to the safety line before you climb
- ✓ No wrestling, tackling or pushing in the climbing area
- ✓ Remove all items from pockets
- ✓ No food, drinks or chewing gum allowed in the climbing area
- ✓ You must follow instructions from ROF 59 Staff
- ✓ You must not bounce out from the wall when descending your climb

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ACTIVITY

## Risk Acknowledgement and Waiver Form – Adventure Walls

**\*\*BEFORE SIGNING THIS DOCUMENT, YOU SHOULD CAREFULLY READ THE TERMS AND CONDITIONS SET OUT BELOW & THE CENTRE RULES PRINTED ON THE REVERSE\***

Name:	Date of birth:
Address (including postcode):	
Mobile:	Email:
Emergency contact name/relationship:	
Emergency contact number:	<b>Climbing YES / NO</b>

1. I acknowledge that participation in the Activities requires a moderate level of fitness and can be physically demanding, and that there are risks of injury including serious bodily injury, permanent disability, paralysis and loss of life.
2. I certify that to the best of my knowledge the individuals named below do not have any medical condition (including pregnancy) which might have the effect of making it more likely that they will be involved in an incident which could result in injury to themselves or others.
3. I confirm that none of the individuals named below are under the influence of alcohol or any illicit or prescription drugs which would in any way impair their ability to participate in the Activities.
4. **I can confirm that the I/we named below have received and understood the safety briefing**
5. In the event of an accident, or loss or damage to any personal effects, I acknowledge that the Centre will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the Activities (except for death or personal injury caused by the Centre's negligence) and I waive all and any claims against the Centre in this respect

**Signature:** ..... **Date:** .....

1. I am aged 17 or over and I am the supervising and responsible adult for the child/ren named below who is/are under 17 years of age.
2. I wish that/those child/ren to participate in climbing activities organised by ROF59, its agents and employees.
3. I can confirm that I have authority from each child's parent/guardian to permit them to participate in the Activities and to sign this Risk Acknowledgement and Waiver Form.
4. I confirm that I will supervise the child/ren named below and be responsible for the safety of their possessions. I will ensure they understand and follow the safety guidance and advice received from me and members of staff prior to and during their use of the Centre and participation in the Activities.
5. I accept sole responsibility for the safety, conduct and actions of the individuals named below

	First Name	Surname	M/F	Date of Birth	Age
1.					
2.					
3.					
4.					
5.					
6.					

7.					
8.					
9.					
10.					



**ROF 59**

**ACTIVITY CENTRE**