|  |  |  |  |
| --- | --- | --- | --- |
| **Participant’s Name** |  | | |
| **Date of Birth** |  | | |
| **Address** |  | | |
| **Email Address** |  | | |
| **Date of abseil** |  | | |
| **Height** |  | **Weight**  (Max weight 136kg/21stone/299lbs) |  |
| **Name of charity**  **(if applicable)** |  | | |

I have read and agree to the terms and conditions provided by the National Abseil Team.

I am aware that this is a physically demanding activity and I certify to the best of my knowledge I do not have a medical condition which might make me more likely to sustain an injury.

Please indicate if you have any medical condition that we should know about:

**No/Yes** (if yes, please specify) …………………………………………………………………………………………………………………………………………..

I understand that I will be abseiling down the outside/inside of a concrete building and that there is a risk of injury being sustained whilst undertaking this activity. For example, if the wind were to suddenly increase whilst abseiling, I may sustain abrasions, bruising and other injuries caused by being blown against the building. Whilst I accept that it is not possible to remove all risk inherent in this activity, I agree to follow all instructions given to me by the National Abseil Centre staff before and during the abseil in order to reduce risks.

I acknowledge that the National Abseil Centre accepts no responsibility for loss or damage to personal property including vehicles or for the death of or injury to any persons or for any loss or damage resulting thereof unless caused by the proven negligence of the company or servants.

The National Abseil Centre does not accept responsibility for loss or expense due to delays or changes in travel services, sickness, weather or any other cause outside the control of The National Abseil Centre. If it is decided on the day, unsafe to abseil on the outside of the building then an alternative inside route will be used. The National Abseil Centre reserves the right to refuse admission to anyone suspected of being under the influence of drugs or alcohol.

I understand that photographs and video may be taken at the event and give my permission for these to be used for publicity if required.

Participant signature:…………………………………………………………………………………….. Date:………………………………………...…

If participant is under 18 years of age: Name of parent/guardian:……………………….……………………………………………………

Signature of parent/guardian: ……………………………………………………………………… Date:…………………………………..…………