

# GROUPS UNDER INSTRUCTION

## TO BE COMPLETED BY PARTICIPANTS IN INSTRUCTED GROUPS

*“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.”*

**There is a maximum of nine participants with one instructor.**

Each participant please fill in your details in one of the rows below.

Please write “YES” or “NO” against the question asking your medical condition to indicate if you suffer from any medical condition which your instructor should know about. If you answer “YES” then please make sure you speak to the instructor about it before the start of the session.

No.	Name of Participant	Address	Emergency Telephone No.	Age (if under 16)	Medical Condition (YES or NO)	Office Use
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

## TO BE COMPLETED BY THE GROUP LEADER

Have you checked the details of the participants above and are the details, to the best of your knowledge, correct? (YES or NO) .....

For any of the participants who are under 16 years of age, have you been given permission by their parent or guardian to involve them in this potentially dangerous activity and do you accept that that you are responsible for the welfare of each child according to the instructions of their parent or guardian? (YES or NO)

Name

Organisation   
Address

Signature

Date

## TO BE COMPLETED BY THE INSTRUCTOR

Do you accept full responsibility for the safety and actions of the people listed above while they are under your instruction? (YES or NO) .....

Have you checked the details of the participants above so that you can take account of each participant's age and any medical conditions which might affect their activity? (YES or NO) ..

Name

Signature

Date

## TO BE COMPLETED BY THE RECEPTIONIST

Have you checked that there is an Instructor Registration Form on file for this instructor? (“Yes” or “No”) .....

Have all the group filled in the participant's form above? (“Yes” or “No”)

Has the Group Leader completed their part of the form? (“Yes” or “No”) .....

Has the Instructor completed their part of the form? (“Yes” or “No”) .....

Signature

Date