



Croc Tower Risk Disclosure & Acknowledgement Form

Teacher in charge for each group on the day needs to fill out the below

Date:	Gender:	Date of birth:
Name:		
School/Organisation Name:		
Address:		
Contact email:		

On behalf of the students please acknowledge the following...

- I understand there is an **acceptable risk of injury** whilst taking part in these activities. I understand that I am **responsible** for my own safety. Staff are available to assist **should the need arise**.
- I understand that my behaviour and conduct must not endanger any other participants on the activities.
- I understand that I may not participate in the activities if under the influence of any **drugs or alcohol**. Any persons found under such influences will be **denied access to the course**.
- I am responsible for the **Personal Protective Equipment (PPE)** supplied by the staff at Rocket Ropes and may be **liable to pay any costs** caused by the **misuse or damage** caused to the equipment.
- I acknowledge that Rocket Ropes are not liable for **any direct or indirect loss, damage or injury** arising or in connection with the activities, with exception to **death or injury caused by the negligence** of Rocket Ropes and its staff.
- I declare that I am **under the weight of 120kg (19 st)**
- I declare that I have **no medical issues** which may cause any incident to anyone including myself whilst taking part in the activities at Rocket Ropes. People with medical issues should seek **professional medical advice** before taking part in the activities and disclose any **special needs**.
- I declare that I am **not pregnant**.
- I give my authority for **photographs to be taken of myself/child participating** in activities run by Rocket Ropes that may be used for future promotional use. I understand that Rocket Ropes has no financial or obligation regarding the use of these photographs.
- I agree to follow any relevant **safety instructions at all times** when directed, especially with regards to the use of **safety lines**.
- I agree **all the above risk acknowledgements** are applicable to the participant/s on the reverse of this form.
- I also understand that once the briefing is complete, I am not eligible for a refund.

Signed (teacher in charge): _____

Participants under the age of 18:

- As the parent/guardian, I hereby declare that I am of 18 years or over and that I have read, understood, and accept the terms and conditions above on behalf of the participant.
- I declare that I am the **adult responsible** for the health and safety of the participant (**younger than 18**) listed on the reverse and give my consent for them to take part in the activities available at Rocket Ropes.
- If I am **not the legal parent or guardian** of these children, I **have been given the authority** to sign this form.

Signed (teacher in charge): _____

How did you hear about Rocket Ropes? _____

Group 1 Student Names

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.
31.	32.	33.
34.	35.	36.
37.	38.	39.
40.	41.	42.
43.	44.	45.
46.	47.	48.
49.	50.	51.
52.	53.	54.
55.	56.	57.
58.	59.	60.

Group 1 Parent/Teacher Names

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

Group 2 Student Names

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.
25.	26.	27.
28.	29.	30.
31.	32.	33.
34.	35.	36.
37.	38.	39.
40.	41.	42.
43.	44.	45.
46.	47.	48.
49.	50.	51.
52.	53.	54.
55.	56.	57.
58.	59.	60.

Group 2 Parent/Teacher Names:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.



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If any parents or teachers want to climb, they must each fill out the form below.

Date:	Gender:	Date of birth:
Name:		
Address:		
Contact email:		
Emergency contact name:		
Emergency contact phone number:		

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- I understand that I am **responsible** for my own safety. Staff are available to assist **should the need arise**.
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- I agree **all the above risk acknowledgements** are applicable to the participant/s on the reverse of this form.
- I also understand that once the briefing is complete, I am not eligible for a refund.

Signed (participant): _____

Please tick here if you **DO NOT** wish to receive future emails, specials, and updates from Rocket Ropes. Please note we will not share your details with a third party.