



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 accept that this activity inherently **involves risk and potential hazards**. The risk and hazards include, but are not limited to, **falling from height, injury resulting from contact with activities, wires and other climbers, exposure to the elements (rain, wind, sun) and tripping hazards** within the tower.
- I am **physically and mentally fit to participate** and there is nothing I am aware of that will affect my ability to climb or impact the safety of others. And **I have not been advised otherwise by a qualified medical person**.
- 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 agree to wear **appropriate clothing and always use/wear all PPE/safety equipment while climbing**. Once on, 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 accept that if I **do not adhere to the instructions and rules, or if I act dangerously, recklessly or in a way that might endanger myself or others**, Rocket Ropes staff **may remove me** from the course. If this occurs, I acknowledge **I will not receive a refund**.
- I accept that Rocket Ropes reserves the right to **halt/cancel all climbing if they become concerned for the safety of climbers**.
- I declare that I am **under the weight of 120kg (19 st)** and understand that if the harness **cannot be adequately secured** and **staff do not feel confident with me being safely secure**, they will discuss with me the next steps to take which may result in the climb not commencing and a refund will be processed.
- 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 consent to **receive any medical treatment that may be deemed necessary by Rocket Ropes staff in the event of injury, accident or illness while climbing**.
- 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 that **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): _____



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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? _____

Please state any relevant medical conditions/learning abilities that our staff need to be made aware of:

Please attach a class list with any medical conditions or fill out the below with the names of the children climbing.



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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.



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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.