# **Climbing Induction Form**

### **Participant Personal Information**

Full name	Date of birth
<b>Email address</b>	Phone number

#### Staff to complete below

<b>Policies:</b> Ensure the participant is aware of the gym conditions of participation, such as check-in procedures, hours of operation.	
<b>Equipment:</b> Check the participant personal equipment for compliance and condition. Provide and fit hire equipment as required, harness, shoes and chalk.	
<b>Safety brief:</b> Explain climbing wall features and fixed items which present possible hazards. Explain emergency evacuation procedures.	
<b>Belaying:</b> Explain the top rope set up. Explain pre-climbing checks A to F and the purpose of each. Demonstrate and practice connecting up and belay technique. Supervise initial belay for each participant.	
<b>Climbing communication:</b> Explain the importance of clear communication prior to and during climbing.	
<b>Climbing techniques:</b> Explain and demonstrate climbing technique. Pushing with legs, foot placement, reaching and balance/resting.	
<b>Lowering off / falling techniques:</b> Explain and demonstrate connection between correct belay technique and falling. Explain and demonstrate correct Lower Off Technique with emphasis on sitting, walking backwards and belay control.	
Completion of climb. Pack and restore rope ensuring to connect climber and belay carabiners.	

CLIMB ONLY	
BELAY ONLY	
UNRESTRICTED	

INSTRUCTOR / GUIDE	
SIGNATURE	
DATE	

## **Acknowledgment**

I acknowledge that I understand the risks involved in climbing and agree to follow all rules and procedures. (If Participant Is Under 18, Signed by Parent or Guardian)

**Participant Signature** 

Date





# **Lead Climbing Induction Form**

## **Participant Personal Information**

Full name	Date of birth
Email address	Phone number

#### Staff to complete below

Discuss Emergency Response: In the event of an injury, becoming hung up on equipment or equipment failure.	
<b>Falling:</b> Observe and assess the fall control of both climber and belay for a short fall. Note climber balance and control. Note belay dynamic movement, shock absorption and rope management.	
<b>Climbing Communication:</b> Observe and assess the clear communication between Climber and Belay in relation to commencing to climb, clipping, resting, hold and lower off.	
<b>Climbing:</b> Observe and assess the participant ability to climb and clip correctly.  Note body position in relation to fixed quick-draw.	
<b>Belaying:</b> Observe and assess the participant ability to properly belay a climber, including using the belay device and communicating effectively with the climber.	
Pre Climbing Checks: Discuss previous Lead Climbing Experience. Have the participant present/practice; rope flaking, tie in (rethreaded figure 8 knot) clipping with each hand. Discuss communication between climber and belay.  Conduct pre-climbing set up including Safety Checks A to F.	
<b>Safety brief:</b> Explain climbing wall features and fixed items which present possible hazards. Explain emergency evacuation procedures.	
<b>Equipment:</b> Check the participant personal equipment for compliance and condition. Provide hire equipment as necessary, harness, rope, belay device, shoes.	
<b>Policies:</b> Ensure the participant is aware of the gym Conditions of participation, such as check-in procedures, hours of operation.	
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**Note:** Rotate Climber and Belay - Repeat the 5 steps above for each participant. Observe rope management throughout.

CLIMB ONLY		INSTRUCTOR / GUIDE
BELAY ONLY		SIGNATURE
UNRESTRICTED		DATE

### **Acknowledgment**

I acknowledge that I understand the risks involved in climbing and agree to follow all rules and procedures. (If Participant Is Under 18, Signed by Parent or Guardian)

Participant's Signature	Date
Parent/Guardian's Full Name	Contact Number
Parent/Guardian's Signature (if participant is under 18)	Date





#### **REV 1.1**

# PCYC Cessnock Indoor Climbing Gym Acceptance of Risk Form

I,(Participant's Full Name)
hereby acknowledge and accept the risks associated with indoor climbing activities at PCYC Cessnock.
I understand that climbing involves certain inherent risks and dangers that may result in personal injury
or damage to property.

**Assumption of Risks:** I am aware that indoor climbing, including but not limited to bouldering, top-roping, lead climbing, and any associated activities, involves risks which may include, but are not limited to:

- 1. Falling from heights.
- 2. Equipment failure or malfunction.
- 3. Misuse of climbing equipment.
- 4. Collisions with other climbers or objects.
- 5. Overexertion or fatigue.
- 6. Environmental factors such as temperature and humidity.
- 7. Unforeseen obstacles or hazards.
- 8. Inadequate belaying or spotting.

**Responsibility:** I acknowledge that I am solely responsible for my own safety while participating in climbing activities at PCYC Cessnock. I will adhere to all safety guidelines, instructions, and rules provided by the staff, and I will ensure that I have the necessary skills and knowledge to engage in climbing activities safely. I understand that I am responsible for undertaking an induction and must be deemed competent by a qualified staff member or volunteer to participate.

**Release of Liability:** In consideration of being allowed to participate in climbing activities at PCYC Cessnock, I hereby release PCYC Cessnock, its employees, agents, volunteers, and any associated organizations from any liability for personal injury, death, or property damage arising from my participation in climbing activities, regardless of the cause.

**Emergency Medical Treatment:** I authorize PCYC Cessnock to administer or arrange for emergency medical treatment in the event of any injury or illness during my participation in climbing activities if deemed necessary. I understand that I am responsible for any associated medical costs.

I have read and understand this Acceptance of Risk Form in its entirety, and I voluntarily agree to its terms and conditions.

#### **Participant's Personal Information**

Participant's Full Name	Date of birth
Participant's Signature	Date
Parent/Guardian's Full Name	Contact Number
Parent/Guardian's Signature (if participant is under 18)	Date



