NUMMER / INTERN



REGISTRATION FORM FOR ADULTS

FIRST NAME	LAST NAME				
STRASSE		POST CODE / CITY			
DATE OF BIRTH	PHONE NO. or EMAIL				
The disclosed data is solely for use internally	and will, except in o	ease of an accident, not be passed on to third parties.			
Sport climbing comes with certain risks. I am informed about these specific risks and am willing to act on my own account. The operator of this climbing gym would like to inform you that you that you need to be able to belay and climb independently.					

	Sport climbing comes with certain risks. I am informed about these specific my own account. The operator of this climbing gym would like to inform you belay and climb independently.		_	
1.	Is your climbing equipment in good condition and can you put a climbing harness on correctly?	C		
2.	Can you use the figure-eight loop (or Bowline on a bight) to tie yourself in independently?	\bigcirc	\bigcirc	
3.	Are you able to properly belay using a belay device in order to Top Rope climb?	\bigcirc	0	
4.	Are you able to belay someone who is lead climbing?	\bigcirc	\bigcirc	

You may also boulder if you have answered all these questions with "NO".

The climbing gym would like to remind you that employees are not responsible for supervision of visitors or children. Neither is the operator, nor staff responsible or to be held accountable for any lost items, injuries, or damages caused by the visitor on the premises.

Children and teenagers younger than 14 years of age are only allowed on the premises if under supervision of an adult. I will supervise and be held accountable for the actions of following children and/or teenagers:

FIRST NAME	SURNAME	DATE OF BIRTH
FIRST NAME	SURNAME	DATE OF BIRTH
FIRST NAME	SURNAME	DATE OF BIRTH

With my signature I confirm to have read, understood, and accepted the climbing gym rules and the "SICHER-KLETTERN REGELN" ("climb safe rules").

DATE	SIGNATURE	