

MORRISON'S ACADEMY

CRIEFF, PH7 3AN
Tel: 01764 653885



CLIMBING WALL BOOKING FORM

Part 1 Group details and requirements

Name of Group	
Date(s) Required:	
Times:	
Instructor: (Please indicate)	Required <input type="checkbox"/> (Please complete Part 2) Not required <input type="checkbox"/> (Please complete Part 3)
Additional Information	

Part 2 Request for Instructor

I confirm that I wish to engage the services of Morrison's Academy staff to supervise climbing activities. The fee for this service will be agreed in advance and paid direct to the instructor(s).

Signed: Name:

Part 3 Confirmation of Instructor qualification and indemnity insurance

I confirm that all activities will be supervised by a qualified instructor and that appropriate indemnity insurance is held covering use of the Morrison's Academy climbing wall. Details of these provisions are as follows:

Name of Instructor: Telephone:

Qualification: Date of Qualification:

Insurance Provider: Policy Number:

I understand that where Morrison's Academy instructors are not engaged for the supervision of climbing wall activities, the School accepts no liability for any accident or injury, howsoever caused, unless proven to be a direct result of negligence on the part of the School leading to the failure of equipment or facilities provided in respect of this booking. The School will require proof of capability and experience of any external instructor.

Signed: Name:

Part 4 Declaration

I agree on behalf of the group named at Part 1, to abide by the rules governing the use of the Morrison's Academy Climbing Wall and understand that any breach of these rules may result in an individual or the group as a whole being denied further access to the facility.

Signed: Name: Tel:

Booking confirmed: Name: Charge

Distribution: