Group Activity Form

Group Leaders are required to complete this form on behalf of their group.

Group Name: _____ Group Leader: _____

Address: _____ Suburb: _____ P/code: _____

Telephone Number: _____ Mobile Number: _____

LEADERS RESPONSIBILITY:

It is the Leaders responsibility to ensure that all group members participating (climbing and or belaying) are listed on this form and that the group leader / parent / organiser of the activity has gained written or verbal consent to allow participants to climb.

1. Group Leaders must remain with the group for the duration of the activity.
2. Any hire equipment not returned at the end of the session will be charged at current replacement costs.
3. Hardrock takes no responsibility for lost or stolen property.
4. It is the Leaders responsibility to ensure that the group members follow the rules that govern this facility. The leaders must ensure that the participants act in a suitable manner.
5. No belay proficiency cards (membership cards) will be issues to the group members.

I have read and understood the Leaders Responsibility's, Signed*:* _____ Date: _____

PARTICIPANT NAME	**AGE**	***BELAY ONLY***	**PARTICIPANT SIGNATURE – Do not sign until instruction completed**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

HARDROCK SAFETY CHECK

The above participants have successfully completed the Hardrock Safety Check and have demonstrated proficiency in the following;

1. Proper use of the Harness (including doubling back)
2. Knowledge of the "figure of eight" follow through knot
3. Correct use of Karabiner (including that it **MUST** remain on the hire harness at all times)
4. Proper communication
5. Understanding of ground sling length
6. Buddy check of climbing partner, prior to climbing
7. Correct "5 step" belaying method
8. Correct lowering method

HARDROCK PROCESSING DETAILS

No. of Participants: - _____

Rate: - $_____

Room Hire: - $_____

Total Charge: - $_____

Less Deposit: - $_____

Balance Due: - $_____

Payment Method: - ☐ Cash
☐ Cheque
☐ Eftpos / Credit Card

HR Receipt No: - # _____

Venue: - ☐ Nunawading
☐ CBD

Processed: - Initial _____ Date: - _____