

# One step closer to climbing London's superstar attraction



## Declaration and Acknowledgement of Risk 13-17 year groups

For your safety and that of other climbers, it is important that you read this declaration acknowledgement of risk form thoroughly before signing overleaf.

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If you are 18 or over, you must complete and sign this form on your own behalf.

If there are any people in your booking under 18 years of age (each a "Minor"), they must be supervised by an adult of 18 or over.

### Adult to child ratio

School Year	Age	Adult to child ratio
Higher education	16-17	1:15
Year 11	15-16	
Year 10	14-15	
Year 9	13-14	
Year 8	12-13	1:12
Year 7	11-12	

You will need to fill in the details of all Minors you are supervising and sign the form on their behalf.

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### I hereby confirm and acknowledge that:

1. I, and any Minors named on this form under my supervision (together with "me" shall be referred to as "we" or "us"), wish to participate in the Up at The O<sub>2</sub> climb ("Climb Activities") operated by AnSCO Roof Walk Limited ("UATO<sub>2</sub>").

2. We have watched and fully understood the briefing video. I have read the safety rules provided by UATO<sub>2</sub> and explained them to any Minors. I confirm that we will co-operate and adhere to the instructions given to us in the briefing video and all other instructions of the guides at all times during the Climb Activities.

3. I am aware of the physical exertion required to participate in the Climb Activities and that the forces exerted can activate or aggravate pre-existing physical injuries, conditions and congenital defects. I acknowledge that it is my responsibility to determine whether or not we are in a fit state of health to participate in the Climb Activities.

4. We do not have any medical conditions (including pregnancy) that might put our health and safety or that of other climbers at risk if we participate in the Climb Activities. If I am signing this declaration on behalf of any Minor, I have made reasonable enquiries of their parents or legal guardians before making this declaration.

5. We are not under the influence of drugs or alcohol or any other substance whilst participating in the Climb Activities.

6. I am aware that UATO<sub>2</sub> has exercised all due care and skill in operating the Climb Activities.

7. I acknowledge that neither UATO<sub>2</sub> nor its employees, officers, agents or contractors (the "Operators") will be liable for any direct or indirect loss, damage or injury to my belongings arising from or in connection with the Climb Activities (except for death or personal injury caused by the negligence of the Operators). I waive all and any claims against the Operators in this respect on behalf of myself and anyone in my care.

## Medical Declaration

Should you or any Minor have any medical conditions or concerns that may impact your ability to safely complete the Climb Activities today, these will need to be discussed with UATO<sub>2</sub> in advance and you may be unable to participate in the Climb Activities. All information will be held in the strictest of confidence. With your safety and that of other climbers in mind, we reserve the right to refuse to permit climbers to participate in the Climb Activities or to modify their experience if we reasonably believe that to allow entrance to the climb would jeopardise the climber's health and safety, or that of other climbers.

## Acknowledgment of Risk

I am aware and understand that the Climb Activities involve risks, dangers and hazards that may lead to injuries including but not limited to injuries which may occur due to adverse weather conditions and acts of other climbers.

## Photograph and Video Release

By taking part in the Climb Activities, I consent to photographs and/or video footage being taken of myself and anyone in my care. I consent to the publication of the photographs and/or video footage for advertising, promotional and marketing purposes.

 Tick box to consent

School name: ..... Year Group

Time of Climb	Name		
<input type="text"/>	<input type="text"/>		
Date of Birth	Age	Shoe size	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
Address			
<input type="text"/>			
<input type="text"/>			
County	Postcode		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			
Number			
<input type="text"/>			
In case of emergency contact name			
<input type="text"/>			
In case of emergency contact number			
<input type="text"/>			

I take responsibility for the following children whilst completing the Up at The O<sub>2</sub> activity. I will ensure that all children follow the instructions they are given by Up at The O<sub>2</sub> staff and I will assist where required.

I understand that bad behaviour will result in the whole group having the experience cancelled with no refunds or exceptions.

1. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

2. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

3. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

4. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

5. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

6. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

7. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

8. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

9. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

10. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

11. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

12. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

13. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

14. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

15. Minor's name  
[Text field]  
Date of birth [ ] [ ] [ ] [ ] [ ] [ ] Medical requirement: [Text field]

I acknowledge that I have loco-parentus status for all of the children participating as per above  Tick box if Yes

School name: ..... Date: .....