

GROUP SUPERVISION FORM

- All instructors leading groups must hold an SPA award as minimum and either be registered with The Lakeland Climbing Centre as freelance, or be working for a centre that is registered with The Lakeland Climbing Centre.
- Assistants are those nominated by the group leader and must be competent for the tasks assigned to them ie operating within MLTB matrix.

Date of Instructed Session Time of Instructed Session

Instructor Name

Assistant 1

Assistant 2

Centre Name

Instructor Reg. Number	<input type="text"/>
OR	
Centre Reg. Number	<input type="text"/>
LCC staff to complete	

List of Persons to be Supervised (no more than 9 per instructor)

	PRINT NAME	AGE if U18
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	PRINT NAME	AGE if U18
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Acceptance of Responsibility

- I recognise that climbing and abseiling are activities with a danger of personal injury or death. I am aware of, and accept these risks and am responsible for my own actions and involvement in these activities.
- I hold a suitable award and am prepared to take full responsibility for the supervision, safety, welfare and behaviour of those persons named above. I have Parental/Guardian consent if those named above are aged 17 or under.
- I have read the condition of use of The Lakeland Climbing Centre which I understand and accept.
- I agree that neither The Lakeland Climbing Centre nor any of its employees or agents shall be liable for any loss or injury arising from my participation in activities whilst at The Lakeland Climbing Centre or loss or injury arising from the participation of those persons listed above.

Signed

Date