DECLARATION OF FITNESS TO MOUNTAINEER/WALL CLIMB

I hereby declare that I am physically fit, I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during mountaineering and/or wall climbing activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and the I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of mountaineering and/or wall climbing activities, I will notify the instructor/guide/spotter immediately and before moving any further.

I have read the above declarations, understand them, and I agree to be bound by them.

S/_____ _____ _____
Signature of Adult Participant | Name of Adult Participant (Please Print) | Date

_____ _____
Address of Adult Participant | Contact No#

S/_____ _____ _____
Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have. | Name of Parent or Guardian (Please Print) | Date

_____ _____
Address of Parent of Guardian | Contact No#

_____ _____
Name of Minor (Please Print) | Date

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If you cannot sign the above declaration because of any of the above conditions, you must notify the Instructor/Guide/Spotter immediately before you climb.

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Attention of the Authorized Insured Only (Counter-Sign upon full correct completion)

S/_____ _____ _____
Counter-Signature of Authorized Insured | Name of Authorized Insured (Please Print) | Date