



CLIMBING
SPOT
CLIMBING & BOULDERING GYM

Declaration form

First name and surname:.....

Address:.....

Number of ID card:.....

I give my consent to my son/daughter (First name and surname of son/daughter) participating in climbing activities at the climbing wall. I am aware that climbing is an activity with a danger of potential injury, in spite of following the directions of instructors and I accept this risk. If my son/daughter is involved in an accident which could result in his/her injury I won't make any claims to SAE s. c. I am aware that I should buy a health insurance for my son/daughter. I confirm that I have read and understood the Conditions of Use of the climbing wall, Climbing Spot Climbing and Bouldering Gym and I agree to abide by the Conditons of Use.

Date:.....

Signature:.....

I've heard about this climbing wall from: