



**ADVENTIST RISK MANAGEMENT
UNDERWRITING QUESTIONNAIRE
CLIMBING WALLS/RAPPELLING/ROPES COURSE/ROCK
CLIMBING**

We request insurance coverage on our climbing wall, rappelling, ropes course, or rock climbing activity and provide the following information to determine eligibility for liability coverage.

___ Rock Climbing ___ Ropes Course ___ Rappelling ___ Climbing Wall ___ Zip Line

1. Name of Activity Director _____ Age of Activity Director _____
2. Include a resume of the director’s qualification and include years of experience and training with this questionnaire.
3. Height of each wall 1)_____ft. 2)_____ft. 3) _____ft.
4. Width of each wall 1)_____ft. 2)_____ft. 3)_____ft.
5. Height of each Ropes Course 1)_____ft. 2)_____ft.
6. Fall protection is provided with spotters & belayers. YES NO (circle one)
7. All belayers and spotters are trained and experienced. YES NO (circle one)
8. All belayers & spotters are at least 18 years old. YES NO (circle one)
9. What is the youngest age of your climbers? _____
A consent form signed by parent or guardian for any participant under 18 years old is required to be on file at the facility conducting this activity.

Answers to #1, 2, 7 & 8 not required for commercial facilities.

A copy of your written safety procedures must be included with questionnaire unless event is at a commercial facility.

If using a commercial facility please include a website if available_____

Conference & Entity

(Signature)

Date

Dates Of Activity:_____ Number of Participants_____

If climbing/rappelling is at a natural site attach detailed description & if possible, a photo.