

LEAD CLIMBING & BELAYING VERIFICATION

PARTICIPANT DECLARATION (Please write in BLOCK letters)	
Full Name: _____	Identification / Passport Number: _____
	Date of Birth: _____
(1) I declare that (please tick either option and complete details):	
<input type="checkbox"/> I have attended a lead climbing & belaying course OR <input type="checkbox"/> I have at least 3 years of lead climbing and belaying experience	
Course Name: _____	Year(s) of experience: _____
Instructor Name: _____	Where I climb: _____
Country /Location: _____	
Date attained: _____	
(2) I declare that (please tick either option and complete details):	
<input type="checkbox"/> I am taking this verification for the first time OR <input type="checkbox"/> I have taken this verification before	
	Date of last test: _____
	Course /Training attended since last test: _____
(3) I am aware that (please tick) :	
<input type="checkbox"/> This verification is not a replacement for attending a course /formal training and I am expected to be proficient in the required skills before taking the test.	
<input type="checkbox"/> If I fail this test or have my tag revoked, I will not be allowed to retake this test until at least 1 month from the date of failure /revocation, or earlier if I show proof of attending a course /training.	
<input type="checkbox"/> There are limitations to assisted braking devices and any other equipment. For any equipment I choose to use, it is my responsibility to ensure that I am familiar with its use and manufacturer's instructions.	
<input type="checkbox"/> If I pass this test, I will receive a tag to be displayed when climbing & belaying. Tag is non-transferable and a \$5 admin fee is payable for tag replacement.	
<input type="checkbox"/> There are inherent risks in climbing & belaying and I will continue to be responsible for my own safety and to know & follow the protocols as displayed in each participating climbing facility. I am aware that my tag and/or other privileges may be revoked if I fail to do so.	
_____ Participant's Signature & Date	

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(For Testers Use Only)

PASSING REQUIREMENTS (Verification needs to be done on an Assisted Braking Device)			
General	YES	NO	Remarks
Appropriate use of harness*			
Pre-climb buddy checks*			
Proper use of verbal belay commands			
Climber	YES	NO	Remarks
Tying of retraced figure 8 knot with sufficient amount of tail*			
Able to clip all pre-placed quickdraws without skipping clips*			
Proper body positioning in relation to the rope			
Takes a controlled lead fall with proper positioning on landing*			
Climber is aware of surroundings and climbs on route			
Climber is appropriately positioned when being lowered			
Understand a backclip and how to remedy it			
Understand a Z-clip and how to remedy it*			
Understands proper clipping into anchor			
Belayer	YES	NO	Remarks
Proficient lead belay technique including:			Device Used:
• Proper configuration /set up of belay device*			
• Spotting before 1st clip			
• Feeds & takes in rope smoothly			
• Does not have excessive slack in the rope *			
• Maintains brake hand on the rope at all times*			
• Ability to brake at all times*			
• Able to reflexively react to catch a fall*			
• Controlled lowering of climber*			
• Proper positioning while belaying			
Proper rope management skills (including tying of stopper knot)			

Passing Criteria: Immediate failure if participant fails to meet the requirements marked with *. Participant will also fail if he / she has TWO or more "No"s

RESULTS	
PASS / FAIL / REPLACEMENT / CONFISCATION	
Verified By (Name & Signature):	Date and Time of Verification:
	Verification Venue:

FOLLOW-UP ACTION	
Issued Tag Number /Staff Name /Date:	Acknowledgement of Tag Received: