

ADVENTUREGUARD SUPPLEMENTAL QUESTIONNAIRE – CLIMBING WALLS

THIS IS A SUPPLEMENTAL QUESTIONNAIRE ONLY. PLEASE COMPLETE THE ADVENTURE ACTIVITIES APPLICATION FIRST.

APPLICANT:

Legal Name of Company: _____

Operating Name: _____

ROCK CLIMBING OPERATIONS:

- 1) Is your climbing wall: Indoor/ Fixed Portable Both
- 2) Who built your wall? _____
- 3) In what year was it built? _____
- 4) Do you offer any outdoor climbing (mountaineering, rappelling, rock climbing)? Yes No
 - a. If YES, please complete the **Outdoor Climbing supplement**.
- 5) Are your guides certified by the Association of Canadian Mountain Guides? Yes No
 - a. If NO, please state your guides' certification(s): _____
- 6) What type of belay device is used? _____
- 7) Do you use an Auto Belay device? Yes No
 - a. If YES, please state manufacturer: _____
 - b. How old is the device? _____
- 8) Do you ensure that ALL equipment is inspected and tested according to manufacturer's specifications? Yes No
 - a. If NO, please explain why: _____
- 9) Do you allow climbers to use personal equipment? Yes No
 - a. If YES, describe your policy with respect to screening of personal equipment used by others: _____
- 10) Do you offer a belay course? Yes No
 - a. If YES, please provide brief outline of your course, including who teaches it, duration, and standards for passing the course: _____
 - b. What is the minimum age to take the belay course? _____
- 11) Do you have a bouldering section? Yes No
 - a. If YES, what is the average height? _____
 - b. Describe supplemental padding of area: _____
 - c. Are warning signs posted and clearly worded? Yes No
- 12) Please indicate number of:
 - a. Annual Members: _____
 - b. Drop in Members: _____
- 13) Please indicate:
 - a. Total gross receipts: _____
 - b. Indoor Wall receipts: _____
 - c. Portable Wall receipts: _____
 - d. Please indicate if you offer any of the following, and advise gross receipts for each:

i. Birthday Parties	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
ii. Pro Shop	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
iii. Concession	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
iv. Day Camps with outings	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

THIS IS A SUPPLEMENTARY QUESTIONNAIRE ONLY. A QUOTATION CANNOT BE OFFERED WITHOUT THE COMPLETED ADVENTURE ACTIVITIES APPLICATION.