



ZIP LINE/CLIMBING WALL/ROPES
COURSE SUPPLEMENTAL

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Entity Name _____ Date _____

What best describes your exposure (please select ALL that apply):

- Station-to-Station Zip Line Tree Top Zip Line Climbing Wall
- Limited Challenge Course ROTC Style Ropes Course Other _____

Month/Year it was originally installed/implemented ____/____

How far off the ground is the highest point of the structure? _____ feet

Total length of zip line (if applicable) _____

Is the structure premanufactured? Yes No

If no, please describe _____

Was it professionally installed by a certified company? Yes No

How often is the equipment inspected? _____

Is the inspection completed by a certified outside company? Yes No

Is there a regular maintenance and inspection contract in place? Yes No

Who performance the maintenance? _____

Is personnel trained on safety and operation? Yes No

If yes, who provides this training and how often? _____

Are helmets provided to your guests for use? Yes No

What other safety equipment is provided? _____

Is it mandatory for all participants to wear this safety equipment? Yes No

How often is the equipment inspected? _____

Do you conduct a pre-use safety briefing with guests? Yes No

What material is utilized for the shock absorbent landing zone? _____

List any reasons why you would dedine a person from participating (health, age, alcohol, etc). _____

Please provide a photo