

## The Climbing Center Informed Consent and Liability Release

I am aware & understand that participating in the Climbing Center's programs or activities involves risk of injury, and I understand that the sport is physically demanding & potentially dangerous. I agree & hereby state that I am solely responsible for my own participation & for my own physical & emotional well being. I am aware & understand that all of the Climbing Center's programs and activities are strictly voluntary, and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical abilities & medical condition. I am physically fit & know of no medical or health condition, which might interfere with safe climbing & belaying. I further state that, in choosing to participate, I am not under the influence of any chemical substance, including alcohol. I willingly & knowingly assume for myself, my heirs, and family members. Executors, administrators, & assigns all risk of physical injury & emotional upset which may occur during of after participating in any aspect of the programs of activities & hereby agree to hold the Climbing Center, its employees, instructors, facilitators, & agents harmless for liability arising out of my participation in any program or activity. This release does not, however, apply to the physical injury or emotional harm caused by reckless or willful misconduct of the Climbing Center, its employees, instructors, facilitators, & agents. If I am signing the consent & release for the person under the age of 18 years, the signature below will be acceptable & binding for that person until his or her 18<sup>th</sup> birthday, unless I notify in writing the Climbing Center of my decision to withdraw such consent & release.

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Email of Parent \_\_\_\_\_

Pertinent Medical Conditions or Restrictions \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Climbing Center Representative \_\_\_\_\_ Date \_\_\_\_\_