

Climbing Wall Waiver – Under 18

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT- Persons
 UNDER 18 YEARS

**WARNING: By signing this document you will waive certain legal rights including the right to sue.
 BLUE OR BLACK INK MUST BE USED WHEN FILLING OUT THE WAIVER**

Name of Participant	Last Name:	First Name:	
	Phone Number:	Birth Date:	
Address	Street:		City:
	Province:	Country:	Postal Code:
Parent/Guardian	Last Name:	First Name:	
Emergency Contact	Last Name:	First Name:	
	Relationship:	Phone Number:	

ASSUMPTION OF RISK

I am aware that participating in the activity of climbing/ belaying /bouldering has many inherent risks, including but not limited to:

General:

- ➔ Theft, vandalism or loss of personal property
- ➔ Any manner of injury resulting from use, misuse, non-use and failure of any equipment including but not limited to ropes, slings, harnesses, climbing hardware, anchor points or any part of the climbing structure.

Climbing/Belaying/Bouldering:

- ➔ All manner of injury, including serious injuries such as fractures, spinal and brain injury
- ➔ All manner of injury resulting from falling and impacting against holds or the floor while using the climbing wall, resulting in collision with the floor and any protruding holds, ledges, edges, railing or any other permanent or temporary fixtures
- ➔ Rope abrasion, entanglement and other injuries resulting from activities such as climbing, belaying, rescue procedures and any other rope techniques
- ➔ Injuries resulting from falling climbers, dropped items such as ropes or climbing hardware, or reckless conduct of other participants
- ➔ Cuts and abrasions resulting from skin contact with climbing holds or wall

I acknowledge that Regional Recreation Corporation does not warranty any personal equipment or the negligent use of any personal equipment. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

TO PARENT/LEGAL GUARDIAN: By signing this document you indicate that you understand the risks associated with this activity, and that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified throughout this document. It gives Regional Recreation Corporation authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume any financial responsibility for any damage to third party persons or their property caused by your child.

1. **I HAVE EXPLAINED THE RISKS ASSOCIATED WITH THIS ACTIVITY TO MY CHILD AND HE/SHE UNDERSTANDS THE RISKS. WE FREELY AND VOLUNTARILY ASSUME THE RISKS INHERENT TO THE ACTIVITY OF** climbing/belaying/bouldering and understand and acknowledge that my child could suffer personal and potentially serious injury.

_____ (Parent/Legal Guardian Initial)

2. **REGIONAL RECREATION CORPORATION MAY SECURE SUCH MEDICAL ADVICE AND SERVICES** as it, in its sole discretion, may deem necessary for my child’s health and safety and I shall be financially responsible for such advice and services.

_____ (Parent/Legal Guardian Initial)

3. **I UNDERSTAND THAT IT IS MY CHILD’S RESPONSIBILITY TO ABIDE BY THE RULES AND REGULATIONS** imposed on the participants by the staff. I have explained to my child the need to follow the instructions given by the instructor.

_____ (Parent/Legal Guardian Initial)

4. **I AGREE TO HOLD HARMLESS AND INDEMNIFY** Regional Recreation Corporation from any and all liability for any damages to the property of, or personal injury to, any third party resulting from my child’s participation in this activity.

_____ (Parent/Legal Guardian Initial)

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE REGIONAL RECREATION CORPORATION MAY DEEM NECESSARY FOR MY CHILD’S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Signed this _____ day of _____, 2 _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF WITNESS (non family member)

PRINTED NAME OF PARENT/LEGAL GUARDIAN

PRINTED NAME OF WITNESS (non family member)

This agreement must be completed in full, signed, dated and witnessed and paragraphs 1 through 4 initialed by the parent/legal guardian before the child may participate in any of the activities.