



CLIMBER INFORMATION LIABILITY RELASE

Climber's Name:	Date of Birth:	Today's Date:	
Climber's Address:			
Street	City	Zip	
Phone number (Home):	(Work):		
Email address:			
Emergency Contact's Name:	Relationship:		
Emergency Phone (Day):	(Evening):		
ASSUMPTION OF RIS	SK, RELEASE OF LIABILITY & INDEMNI	ITY AGREEMENT	
Due to the risks inherent in the sport of ind reverse side of this page) on file with VERT/Action Sunderstand the risks of participating in indoor climbin completing this form. Climbers without a properly coin any way. Please call us at VERT/Action Sports if years.	ng before completing the form. The following in ompleted form will not be allowed to climb at VI	action Sports facility. Climbers are urged to fully aformation is provided to assist you in properly	
	(Initials)	

- 1. Please read the form on the reverse side of this page in its entirety before signing and initialing the form.
- 2. All **Climbers** must read and understand the risks of indoor climbing before signing and initialing the form on the blanks provided. Sign the form on the "signature of climber" blank.
- 3. Print legibly the name of the climber on the blanks provided.
- 4. Date the form on the blank provided.

ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I represent that I am familiar with the sport of indoor rock climbing, and I understand that such *climbing involves many inherent and other risks*. I also know and accept that climbing or instruction at this facility is not intended to prepare me for the risks and hazards of outdoor climbing. I know that by participating in the sport of indoor rock climbing, I risk personal injury or death from many causes, including (but not limited to) the following:

- (a) slips, trips, or falls while using the facilities or equipment, climbing walls, bouldering areas, landing pit, floors, the work-out room, stairs, locker and shower facilities;
- (b) entanglement with ropes or other equipment;
- (c) failure to climb or belay safely or within my own ability;
- (d) misuse or failure of the facilities or equipment, loose or spinning climbing holds;
- (e) involvement in falls of the other persons or their equipment, or involvement in falls in which I or my equipment strikes or becomes entangled with others; and
- (f) reliance upon inexperienced persons to belay me or otherwise assist me in the preparation, inspection or use of harnesses, ropes, knots, and other equipment.

I know that *risk exist in all places and in all activities* conducted within this facility, including the use of climbing walls or other equipment, and participation in classes or activities sponsored by VERT/Action Sports*. I also know that helmets, safety equipment, proficiency checks, supervision and enforcements of rules by VERT/Action Sports do not and cannot guarantee my safety. Therefore, I FREELY ACCEPT AND FULLY ASSUME THE RISK THAT I CAN GET HURT, not only in the ways described above, but also in ways that are unknown and unexpected, and even if I follow the instructions or advice of VERT/Action Sports employees.

(Initials,	parent	if	minor'	١

I choose to use VERT/Action Sports' climbing facilities and equipment in spite of the risk of injury or death, and in addition to the representations I have made above, I agree as follows:

VERT/Action Sports for any	loss, damage, expens articipation in activiti	se, or injury, including ies sponsored by VER	or my heirs have of may have in the future against death, suffered from or in connection with my use of these [//Action Sports, due to any cause whatsoever, INCLUDING]	
	(Initials, p	arent if minor)		
	_		PROTECT ME FROM HARM, and agree that even if one shall not alter the fact that VERT/Action Sports has no duty	
	(Initials, par	ent if minor)		
	er person resulting fro	om or arising in conne	s for liability for property damage or personal injury, including ction with my use of these facilities or equipment, or	
	(Initials, par	ent if minor)		
I HAVE READ AND UND below	ERSTAND the forego	oing Indoor Rock Clin	nbing Acknowledgment of Risk and am voluntarily signing	
	(Initials, par	ent if minor)		
SECTION AND IN	TIAL ALL B	LANKS		
described above on behal Sports arising out of my u VERT/Action Sports. I be	f of myself. I intend use of VERT/Action elieve and represent to indemnify VERT	I to give up my right a Sports' facilities on that I HAVE LEGA	rery representation, waiver, release and indemnity to maintain any claim or suit against VERT/Action equipment, or participation in activities sponsored by LAUTHORITY TO MAKE THESE WAIVERS AND I liability arising out of any lack of authority on my part	
Signed this date	/			
Mont	h Day	Year		
Signature of climber (all ages)		please print clin	please print climber's name clearly	
Parent or guardian sign	ature	Print name		

If under 18

You can get hurt using these facilities and equipment. If you do not wish to accept the risk of injury or death, then you may return this release unsigned and receive a full refund. If you have a medical condition that may affect your ability to safely participate in this sport, please consult your physician before engaging in this activity.

*As used herein, "VERT/Action Sports" means all VERT/Action Sports Sport Climbing Centers, their owners, operators, employees, volunteer assistants, agents and representatives, as well as designers, manufactures and installers of all climbing walls and equipment. 10/02