



CLIMBER INFORMATION LIABILITY RELEASE

(See separate liability release form)

Climber's name: _____ **Date of Birth** _____ **Today's Date:** _____

Climbers Address _____
Street City Zip

Phone number (Home) _____ **(Work)** _____

Email address: _____

Emergency Contact's Name: _____ **Relationship:** _____

Emergency telephone: (Daytime) _____ **(Evening)** _____

How did you hear about Vert/Action Sports?

Friend School Party Print advertisement TV ad Direct mail

Billboard Other _____

Briefly describe your prior climbing experience (years, type, places)

ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

Due to the risks inherent in the sport of indoor climbing, all participants are required to have a completed Release of Liability form (on the reverse side of this page) on file with VERT/Action Sports before engaging in climbing at a VERT/Action Sports facility. Climbers are urged to fully understand the risks of participating in indoor climbing before completing the form. The following information is provided to assist you in properly completing this form. Climbers without a properly completed form will not be allowed to climb *at Vert/Action Sports*. Please do not alter the form in any way. Please call us at VERT/Action Sports if you have questions about completing the form.

_____ (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 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 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 *risks 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 enforcement 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)

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:

1. I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS that I or my heirs have or may have in the future against VERT/Action Sports for any loss, damage, expense, or injury, including death, suffered from or in connection with my use of these facilities or equipment, or participation in activities sponsored by VERT/Action Sports, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF VERT/Action Sports;

_____ (initials, parent if minor)

2. I HEREBY RELIEVE VERT/Action Sports FROM ANY DUTY TO PROTECT ME FROM HARM, and agree that even if VERT/Action Sports chooses to implement safety procedures, such actions shall not alter the fact that VERT/Action Sports has no duty to protect me;

_____ (initials, parent if minor)

3. I WILL HOLD HARMLESS AND INDEMNIFY VERT/Action Sports for liability for property damage or personal injury, including death, to myself and any other person resulting from or arising in connection with my use of these facilities or equipment, or participation in activities sponsored by VERT/Action Sports;

_____ (initials, parent if minor)

4. I HAVE READ AND UNDERSTAND the foregoing Indoor Rock Climbing Acknowledgment of Risks and am voluntarily signing below.

_____ (initials, parent if minor)

I have read and understand this Agreement and intend that it be binding on me, my heirs, executors, administrators and assigns. By signing this Agreement, I intend to waive legal rights against VERT/Action Sports on behalf of myself, my heirs, executors, administrators and assigns.

SECTION AND INITIAL ALL BLANKS ON PAGE ONE

I _____, hereby make and enter into each and every representation, waiver, release and indemnity described above on behalf of myself. I intend to give up my right to maintain any claim or suit against VERT/Action Sports arising out of my use of VERT/Action Sports' facilities or equipment, or participation in activities sponsored by VERT/Action Sports. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES and I agree to indemnify VERT/Action Sports for all liability arising out of any lack of authority on my part to make such waivers and releases.

Signed this date _____ / _____ / _____.
Month Day Year

Signature of climber (all ages) please print climber's name clearly
(all ages)

Parent or guardian signature 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.

Knot Tying Passed _____ Belay Qualified _____
Lead Climb Qualified _____

By Initialing above you are stating that you feel you are proficient in those areas of abilities.

* 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, manufacturers and installers of all climbing walls and equipment. 10/02