

# Indoor Climbing Wall

## Assumption of Risk and Release of Liability Form

Computer: \_\_\_\_\_

This is a **legal Document** and must be read and signed by each participant prior to any activity on the climbing wall. The Recreational Activities Program and Cedarville University wants to insure that our participants have a rewarding experience on the wall. We do not want to reduce participants enthusiasm for the experience, but we do want them to know in advance what to expect and to be informed of the potential risks involved.

### Assumption of Risk

I understand that there are inherent risks that cannot be eliminated from the sport of rock climbing and climbing on the indoor climbing wall. I have full knowledge of the nature and extent of these risks including but not limited to:

1. Injuries resulting from falling and crashing into the climbing wall, floor, crash pads, or other objects.
2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with equipment and components of the indoor climbing wall facility.
3. Failure of the ropes, harnesses, wall hardware, anchor points, or any other part of the indoor climbing wall structure and related equipment.
4. Injuries from falling participants or equipment.
5. Injuries resulting from the negligence of other climbers, belayers, spotters, spectators or users of the indoor climbing wall facility.
6. Injuries resulting from personal physical and mental limits including but not limited to fatigue, chill, heat, and dizziness, which may diminish reaction time and increase risks of accident, personal strength, coordination, sense of balance, and the ability to follow or give directions while climbing, belaying, lifting, spotting, or being a spectator.
7. Injuries or property damage resulting from hair or loose clothing getting caught in equipment.
8. Injuries from improper use of equipment or the failure to properly tie into the system.
9. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my **voluntary participation** at the indoor climbing wall.

### Release of Liability

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for bodily injury, death, loss of personal property and any expenses which may be incurred by me or any minor children in my care resulting from those inherent risks and dangers previously identified, those inherent risks and dangers not specifically identified, and any negligence on my part associated with my participation in this activity. I therefore release Cedarville University, its full time employees, student employees, volunteers, agents or representatives from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by those stated above that I may sustain as a result in my participation in any activities at the CU indoor climbing wall. I also certify that I have adequate health, disability and life insurance for myself and my family and do not presume that the University has secured insurance for my benefit.

I have carefully read this Assumption of Risk and Release of Liability Form and fully understand its contents. By signing below I am accepting this contractual agreement.

<b>Name (print):</b>	<b>Date:</b>	<b>14 Digit ID#:</b>															
<b>Signature:</b>	<b>Phone:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															
Circle: Student - Fac/Staff - Spouse	<b>Age:</b>	<b>Emergency Information:</b>															
F/S Child - Alumni - Guest	Date of Birth:	Contact:															
Group:		Phone:															

<b>* If participant is under the age of 18, a parent or guardian must sign:</b>	
Parent or Guardian's signature:	Date:

<b>Office Use Only (Date):</b>	Belay Certified:	Skills Retest:	Lead Climbing:
Sign Off Person:			