

**GVSU Recreation & Wellness
Climbing Center Waiver**

Participant's First Name _____ Participant's Last Name _____ (_____) _____
Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

_____/_____/_____ Are you? GVSU Student GVSU Faculty/Staff GVSU Alumni General Public
Birth date

Male _____ Female _____ Emergency Contact: Name _____ Phone # (_____) _____

Acknowledgment of Risk, and Release of Liability

The mission of the Grand Valley State University (GVSU) Climbing Center is to provide a unique educational opportunity for all who wish to participate in the activity of rock climbing. Rock climbing can be enjoyed in an educational/recreational setting with reduced risks by understanding & adhering to the following:

Participants: Please read each paragraph and initial next to each.

Minors: Your parent or legal guardian must review this document with you, initial next to each paragraph & sign at the bottom.

- _____ I understand that there are certain medical conditions that may increase my risk to safely participate in the activity of rock climbing and that they may directly affect my safety and the safety of other participants. I agree to consult with a physician before becoming involved in this activity if I am unsure about my ability to participate.
- _____ I have read the Climbing Center Rules as well as all posted signs & warnings and/or will review them upon my first visit to the Climbing Center. I agree to adhere to the rules as well as all instructions and recommendations of the supervisory staff. I understand there are additional requirements that I must meet if I wish to belay.
- _____ I understand that I am responsible for using all equipment according to the manufacturer's instructions.
- _____ I agree to seek qualified instruction if I am unfamiliar with any aspect of climbing.
- _____ Climbing is dangerous. I hereby acknowledge and assume the inherent risks involved in indoor rock climbing. These risks might include personal injury or possibly death resulting from my personal health/physical limitations known and unknown, malfunction or misuse of equipment, failure to adhere to proper climbing procedures, failure to acknowledge personal skill levels, decision making, or accidents.
- _____ GVSU is providing facilities, equipment, educational training and supervision to those who wish to participate in indoor rock climbing. For and in consideration of the opportunity to engage in this activity at the GVSU Climbing Center, I release, acquit, and discharge forever on behalf of myself, my heirs, assigns and personal representatives, GVSU, its agents, officers, employees, successors, volunteers, and representatives from any and all liability, claims, or causes of action that result from my participation with the GVSU Climbing Center's indoor rock climbing facility.
- _____ I understand that I may not use the GVSU Climbing facility until I have been deemed qualified to do so by the GVSU Climbing Center staff. I certify that I am a legally competent adult 18 years of age or older and have read this paragraph releasing Grand Valley State University, its' agents, officers, employees, successors, volunteers, and representatives from liability, and I understand and voluntarily sign this form.

I have read and understand the above statements.

_____ Name (please print) _____ Signature _____ Date _____

If UNDER 18 YEARS OF AGE:

I am the parent/legal guardian of _____. I have read the Acknowledgment of Risk and Release of Liability in its entirety and I understand the potential risk in indoor rock climbing. I grant permission for _____ to participate in this activity. I have reviewed the GVSU Climbing Center Guidelines with the minor participant. I certify that I am legally competent to grant permission as an adult and warrant my authority as the parent/legal guardian.

_____ Legal Parent/Guardian (please print) _____ Legal Parent/Guardian Signature _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

HELMET WAIVER: I understand that participants under the age of 18 are required to wear a helmet unless waived by the parent/legal guardian. I understand that a helmet is available at no cost and that climbing without a helmet may significantly increase my risk for serious injuries including paralysis and death. **By signing below, I permit the named participant to climb without a helmet.**

_____ Signature Parent/ Legal Guardian