

GVSU Recreation & Wellness Climbing Center Waiver

Participant's First Name	Participant's Last Name	(_____)_____ Phone Number			
Street Address	City	State	Zip Code		
____/____/____ Birth date	Are you?	GVSU Student	GVSU Faculty/Staff	GVSU Alumni	General Public
Male____	Female____	Emergency Contact: Name _____		Phone # (_____) _____	

Acknowledgment of Risk, and Release of Liability

Rock climbing can be enjoyed in an educational/recreational setting with reduced risks by understanding & adhering to the following:

Please read and initial next to each paragraph.

- _____ I understand that there are certain medical conditions that may increase a participant's risk to safely participate in the activity of rock climbing and that they may directly affect the participant's 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 acknowledge there are posted rules and warnings around the facility and understand it is the participant's responsibility to be familiar with them before getting on the wall and adhere to them throughout the visit. Participants are to adhere to all instructions and recommendations of the Climbing Center staff
- _____ I understand that participants are responsible for using all equipment according to the manufacturer's recommendations/ as instructed by the Climbing Center staff. I understand there are additional requirements that must be met before being allowed to belay in the facility.
- _____ Participants agree to seek qualified instruction if unfamiliar with any aspect of climbing. I understand that for the safety of all participants, technical instructions may only be taught by individuals deemed qualified by a member of the department professional staff. This includes but is not limited to knots and belaying.
- _____ I understand that the participant may not use the climbing facility until they have been deemed qualified to do so by the Climbing Center staff.
- _____ For drop-in climbing and private group events, all minors other than GVSU students must be accompanied by a competent adult who will assume responsibility for the participant.
- _____ I acknowledge that indoor climbing is inherently dangerous and voluntarily 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 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
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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
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Street Address	City	State	Zip Code
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