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ACKNOWLEDGMENT RELEASE AND ASSUMPTION OF RISK RELEASE AND INDEMNITY

NAME
First: _____ Last: _____

Address: _____

_____ P/Code: _____

Phone: _____

If you would like to receive information about special deals, events and all things rock climbing, please leave your email here:

Children under 12

1. _____

2. _____

3. _____

AGE/S:
4 - 11
12 - 15
16 - 18
19+

How did you hear about us:

Referral Yellow Pages Web Site
Other, please specify: _____

RISK WARNING ACKNOWLEDGMENT AND ASSUMPTION OF RISK RELEASE AND INDEMNITY

WARNING— This is an important document which affects your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask our representative.

I have read and understood this document and know that by signing, it affects my legal rights.

X SIGNED BY:.....

DATE:.....

WARNING AND ACKNOWLEDGMENT OF RISKS, INJURY AND OBLIGATIONS.

I acknowledge that the activity I am to undertake is a dangerous recreational activity that may involve a significant risk of physical harm and that by participating in it, I am exposed to certain risks.

I further acknowledge that I am not required to engage in the activity.

1. ALL NEW climbers (to Climb-Fit) must be instructed by Climb-Fit staff on approved BELAY and SAFETY TECHNIQUES

2. I AGREE TO undertake the belay/safety procedures

X SIGNED BY:.....DATE:.....

STAFF:.....

3. CHILDREN under 12 years will require adult supervision and are not permitted to belay.

I ACKNOWLEDGE AND UNDERSTAND that whilst participating in such activity:

- I may be injured, physically or mentally, or may die.
- My personal property may be lost or damaged.
- Other persons participating in such activity may cause me injury or may damage my property.
- I may cause injury to other persons or damage their property.
- The conditions in which the activity is conducted may vary without warning.
- I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the Recreational Activity Provider.
- There maybe no or inadequate facilities for treatment or transport of me if I am injured.
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

WHERE PARTICIPANT IS UNDER 16 YEARS

I,, (Parent/Guardian) hereby Acknowledge and agree that:

- I have read the whole of this document and understood it.
- I consent to the participation of the person named in this Acknowledgment and Release.
- I am aware of the risks, dangers and obligations set out above in this Acknowledgment and Release.
- If I am not the parent of the person named in this Acknowledgment and Release being accepted to participate in the activity I agree to release and indemnify the Recreational Activity Provider in the same manner and to the same effects and extent as if I were the person first named in this Acknowledgment and Release and the person participating in the activity.

SIGNATURE OF PARENT/GUARDIAN:

X.....DATE:.....

I ALSO AGREE THAT in the event that I am injured or my property is damaged in any way, I will bring no claim legal or otherwise, against Life Fit or Climb Fit in respect of that injury or damage unless such injury or damage was caused by the direct negligent act or omission of Life Fit or Climb Fit.