

**CENTRAL WASHINGTON UNIVERSITY
UNIVERSITY RECREATION
INDOOR AND OUTDOOR ROCK CLIMBING PARTICIPANTS
HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT**

I acknowledge that the activities involved with indoor and outdoor rock climbing are voluntary and may include dangerous activities with the potential for death, serious injury, paralysis, brain damage, loss of vision or limb function, permanent scarring, disability, and/or property loss. I realize that the inherent risks of climbing include but are not limited to; falls, equipment failure, unstable surface conditions, extreme weather conditions, insect or animal contact, harmful vegetation, falling rocks and objects, poor decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are many unforeseen accidents which may occur, and I assume all risks associated with my participation in this activity.

I agree to pay attention to the condition of the ropes, harnesses, hardware, anchors, and all equipment, and to advise the facility staff if I do any damage or notice any damage. Because of the inherent dangers of participating in rock climbing or related activities, I recognize the importance of following instructions regarding techniques, training, and rules and agree to obey such instruction. I have or will obtain prerequisite skills, qualifications, preparation and training to participate in the rock climbing activity in a safe and competent manner.

I certify that I am physically capable of participating in this activity, and know of no medical or health reason that would prevent me from participating safely.

I give permission for University staff to seek emergency medical services for me should I become injured or ill with the understanding that I am fully responsible for any expenses incurred. I understand that Central Washington University does not provide any medical insurance coverage for me while participating in this facility. I understand that it is my obligation to have a health and accident insurance policy in effect while participating in this activity or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident

As a condition of my being allowed to participate in this activity. I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Central Washington University, its officers, employees, volunteers and agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of or in connection with my participation in all climbing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the officers, employees, volunteers or agents of Central Washington University.

I acknowledge and voluntarily agree to assume all risks of personal injury, including paralysis, other permanent disability or temporary disability, death, medical expenses, lost wages, loss of earning capacity, and property damages, or any other loss incurred while participating in this activity.

In addition, I hereby give my permission to Central Washington University to use my photographic image, in whole or in part, for program-specific public information and marketing activities at the discretion of Central Washington University.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS AGREEMENT IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Signature: _____ Date: _____
Must be signed by parent/legal guardian if participant is a minor under 18 years of age. (SEE PAGE 2/ MUST BE SIGNED)

Printed Name of Participant: _____ Date of Birth: _____
Local Address: _____ Ph. #: _____
City: _____ State: _____ Zip Code: _____

In case of emergency please contact:
Name: _____ Relationship: _____
Address: _____ Ph. #: _____
City: _____ State: _____ Zip Code: _____

**CENTRAL WASHINGTON UNIVERSITY
UNIVERSITY RECREATION
MINOR ROCK CLIMBING CONSENT FORM**

I am the parent or legal guardian of _____, a minor child under the age of 18. I have read the above Indoor and Outdoor Rock Climbing Participant Hold Harmless and Acknowledgement of Risk Agreement and I hereby consent to my child's participation in indoor or outdoor rock climbing activities at Central Washington University. In doing so, I expressly agree to be bound by the terms of the above Participant Agreement.

I am fully aware of the safety risks of my child's participation in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I certify that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to ensure that my child has the necessary abilities and conditioning to participate safely in this activity.

In exchange for my child's being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless Central Washington University and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that I or my minor child may sustain as a result of my child's participation in rock climbing activities at CWU.

I give permission for University staff to seek emergency medical services should my child become injured or ill with the understanding that I am solely responsible for any expenses incurred.

I also give permission for my child's photograph to appear in promotional materials.

Parent/Guardian Signature: _____ **Date:** _____
I am signing on behalf of the minor named above.