

CENTRAL WASHINGTON UNIVERSITY

**UNIVERSITY RECREATION
Rock Climbing Activity and Program Participant
HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT**

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of climbing include falls, equipment failure, bad 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 such accidents, even though I cannot foresee them.

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 climbing wall 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 the facility 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 the 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 the University Recreation on activities or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident

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 my use of climbing equipment or 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.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which CENTRAL WASHINGTON UNIVERSITY is a party shall be entered into in the County of Kittitas, Washington or the State Supreme Court in Kittitas County, Washington.

I agree to assume all risks of personal injury, including paralysis, death or other permanent disability, medical expenses, lost wages, loss of earning capacity, and property damages, or any other loss incurred while participating in University Recreation activities and programs.

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 RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Signature: _____ Date: _____

Must also be signed by parent or legal guardian if participant is a minor under 18 years of age. (See Page 2)

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

In case of emergency please contact:

Name: _____ Relationship: _____
Address: _____ Ph. #: _____
City: _____ State: _____ Zip Code: _____

****PLEASE SIGN ON REVERSE SIDE****

CENTRAL WASHINGTON UNIVERSITY
UNIVERSITY RECREATION
MINOR INDOOR CLIMBING CONSENT FORM

As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in climbing activities and programs through Central Washington University, and I sign this release on their behalf. In addition, I give Central Washington University, its officers, agents, volunteers and employees permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary for the undersigned participant or minor the expenses are the sole responsibility of the participant and not that of Central Washington University.

I am the legal guardian of _____, and I consent to his or her Participation in **Climbing Activities** at Central Washington University.

I acknowledge that my child's voluntary participation in climbing is a dangerous activity with the potential for inherent hazards and risks of serious personal injury such as, but not limited to: paralysis, brain damage, loss of vision or limb function, permanent scarring, disability, and/or death, and I agree to assume those risks outside the control of the Central Washington University staff. I agree to be responsible for assuring that my child has the necessary abilities and conditioning to safely participate in this activity.

I understand that the University Recreation Department or Central Washington University does not provide accident/medical coverage for **Climbing** participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in this activity.

Permission to Use Photograph or Likeness:

I hereby give my permission to CWU to use my child's photographic image, in whole or in part, for camp-specific public information and marketing activities at the discretion of CWU.

Parent/Guardian Signature: _____ **Date:** _____

I am signing on behalf of the minor named above.

BRING THIS FORM WITH YOU TO
BUSINESS WEEK / ADVANCED BUSINESS WEEK /
CONSTRUCTION WEEK
REGISTRATION