

Vertically Inclined Rock Gym Inc.

WAIVER RELEASE AND INDEMNITY. THIS IS A LEGAL DOCUMENT PLEASE READ THOROUGHLY.

Warning: By signing this form you relinquish your right to bring court action to be compensated for any injury or loss to yourself as well as the right of your personal representative to compensation for your death.

All numbered boxes must be filled out in order to climb. Thanks!

Initials of parent if under 18 OR Initials of participant if greater than 18 yrs.

1

Initial Here

I, the Undersigned understand and acknowledge that I am aware of the risks associated with or related to the use of the climbing wall (including the risk of severe or fatal injury), to myself particulars of which include but are not limited to the following:

- (a) injuries resulting from falling and impacting climbing wall faces or the ground, including an object or objects resting on the floor;
- (b) injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and other rope techniques;
- (c) injuries resulting from falling climbers or objects such as rope or climbing hardware ;
- (d) injuries resulting from the physical activity of the sport itself including but not limited to neck and back strains, muscle strains, muscle pulls, tendon and ligament damage as well as other typical athletic injuries or more serious injuries.

I voluntarily accept these physical risks.

2

Initial Here

I understand that by signing this document, I, my successors, heirs, assigns or personal representative waive the right to sue or otherwise claim against Vertically Inclined Rock Gym Inc. or its employees, volunteers, officials, sponsors, directors, employees, agents, coaches, instructors or independent contractors for any loss or damage connected with any property loss or personal injury that I sustain while participating in or preparing for any program or activity of the Vertically Inclined Rock Gym Inc.

I further understand clearly that I, my successors, heirs, assigns and personal representatives waive the right to sue or otherwise claim against Vertically Inclined Rock Gym Inc. or its employees, volunteers, officials, sponsors, coaches, agents, directors, instructors or independent contractors if the loss or injury suffered results wholly or in part from the negligence of Vertically Inclined Rock Gym Inc., its employees, volunteers, officials, sponsors, coaches, agents, directors, instructors or independent contractors or from the negligence of any third party, including other participants in the programs.

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Initial Here

I further agree to indemnify and save harmless Vertically Inclined Rock Gym Inc. employees, volunteers, officials, sponsors, coaches, agents, directors, instructors or independent contractors, from any and all actions, claims, demands, losses or suits of any nature resulting from and arising from out of my participation in any program in Vertically Inclined Rock Gym Inc. or my use of its facilities or from the participation of my infant child in any program in Vertically Inclined Rock Gym Inc. or from that child's use of its facilities.

I acknowledge that I am of the full age of 18 years and that I have read and fully understood this agreement prior to signature.

IN WITNESS WHEREOF I have executed this document at the city of Edmonton in the Province of Alberta this

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****NB: Please write in either blue or black pen only.**

____ day ____ day of ____ month _____, _____ year _____

Signature of parent if under 18 **OR PARTICIPANT**

Print Name of parent if under 18 **OR PARTICIPANT**

Vertically Inclined Staff Receipt of Waiver

Signature (VIRG Staff **only**)

Print Name (VIRG Staff **only**)

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Client Information (Person who will be rock climbing or in the climbing area)

Name: _____ Date of Birth: **DD/MM/YYYY**

Address: _____ Phone Number: _____

City/Prov. _____ Postal Code: _____

Contact in case of Emergency: _____ Phone Number: _____

How did you hear about Vertically Inclined? _____

Please ensure that you have filled out all boxes with initials and signatures.

Thanks!