

MOUNTAINEERING ROCK CLIMBING AND INDOOR CLIMBING RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and begin you understand the implications of signing.

Express Assumption of Risk Associated with Mountaineering, Climbing, and Related Activities.

I, _____ do hereby affirm and acknowledge that I has been fully informed of the inherent hazards and risks associated with Mountaineering, Rock Climbing, and Indoor Climbing Activities, transportation of equipment related to the activities and traveling to and from activity sites of which I am about to engage in. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized in Mountaineering, Rock Climbing, and Indoor Climbing Activities is significant including the potential for permanent disability and death.
 2. Possible equipment failure and/or malfunction of my own or others' equipment.
 3. My own negligence and/or negligence of others, inducing employees, agents, independent contractors representatives or members of Solid Rock – Climbers for Christ including but not limited to operator error.
 4. Injury to hands, fingers, feet and toes, including but not limited to inflammation and/or strain of muscles, ligaments and/or tendons, nerve damage or compression, and broken bones.
 5. Injury from falling may occur from exposure to high altitude, which may affect judgment and coordination, or from not paying close attention to your climbing or other climbers with or near you.
 6. Broken bones, severe injures to the head, neck and back which may result in severe physical impairment or even death.
 7. Discharge of weapons in or near area of activity.
 8. Cold weather and heat relate injuries include but at limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
 9. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lighting, severe and varied wind, temperature or weather conditions.
 10. Attack by or encounter with insects, reptiles and/or animals
 11. Accidents or illness occurring in remote places where there are no available medical facilities.
 12. Fatigue chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident.
 13. My sense of balance, physical coordination, and ability to follow instructions.
- * I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Mountaineering, Rock

Climbing, and Indoor Climbing and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, whether CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entitles, herein referred to as releases: SOLID ROCK – CLIMBERS FOR CHRIST.

2. To release the releasees, their officers, directors, employees, representatives, agents, members, and volunteers, attacks from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as result of engaging in the above activities.

3. By entering into this Agreement, I am not relying on any oral written representation or statements made by the releasees, other than what is set forth in this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK A AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT.

Signature of Adult Participant

Date

Name of Adult Participant (Please Print)

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, and next of kin.

Signature of Parent or adult legal Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

Name of Parent or adult legal Guardian (Please Print)

Date

Minor's Full Name (Please Print)

Date

Declaration Of Fitness To Mountaineer/Wall Climb

I hereby declare that I am physically fit. I do not and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Mountaineering and/or wall climbing activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system. high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Mountaineering and/or wall climbing activities, I will notify the Instructor / Guide/ Spotter immediately and before moving any farther.

I have read the above Declarations, understand them, and I agree to be bound by them.

Signature of Adult participant Name of Adult Participant (Please Print) Date

Address of Adult Participant City State Zip Contact Phone#

Signature of Parent or Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have Name of Parent or Guardian (Please Print) Date

Address of Parent or Guardian City State Zip Contact Phone#

Name of minor (please Print) Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the Instructor / Guide / Spotter immediately before you climb.

Other Participant Information

Email: _____ SRCFC Member: ___ If not, would you like to be: ___
Your Climbing Style(s) > Trad: ___ Sport: ___ Big Wall: ___ Ice: ___ Alpine: ___ Bouldering: ___ **Lead 5.** ___
Climbing Level > Beginner/Novice: ___ Competent & Recreational: ___ Competent & Serious: ___ **Follow 5.** ___

Attention of the Authorized insurer only (Counter-Sign full and correct completion)

Counter-Signature of Authorized Insured Name of Authorized Insured (Please Print) Date

IF YOU ARE NOT GOING TO WEAR A HELMET AT ALL TIMES WHILE CLIMBING OR IN THE CLIMBING AREA, THIS FORM IS REQUIRED!

Protective Headgear Refusal Agreement

Please read and be certain you understand the implications of signing.

I, FOR MYSELF AND/OR ON BEHALF OF MY CHILD OR LEGAL WARD, HAVE BEEN FULLY WARNED AND ADVISED BY _____ THAT WE SHOULD WEAR A PROPERLY FITTED HELMET IN ORDER TO REDUCE SOME OR ALL OF OUR HEAD INJURIES AS THE RESULT OF A FALL OR ANY OTHER OCCURRENCE ASSOCIATED WITH THIS HAZARDOUS ACTIVITY. WE REALIZE THAT W ARE SUBJECT TO INJURY FROM THISACTIVITY TO WHICH WE ARE EXPOSING OURSELVES PURELY VOLUNTARILY.

AGAINST THIS ADVICE, WE ARE REFUSING THIS CRITICAL SAFETY PRECAUTION.

I / WE THE UNDERSIGNED, HAVE READ THE FOREGOING STATEMENT AND DO UNDERSTAND ITS WARNINGS AND ASSUMPTION OF RISKS.

Signature of Adult

Name of Adult (Please Print)

Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of parent or adult legal
Guardian if Participant is a Minor, and
by their signature, they on my behalf
release all claims that both they and I have

Name of Parent or adult legal Guardian
(Please Print)

Date

Minor Full Name

Date