

SOLID ROCK – CLIMBERS FOR CHRST
Participant Information and Release Agreement

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ OPTIONAL: Would you like to receive our Email Updates: _____

SRCFC Member: _____ If not, like to be one: _____

Your Climbing Style(s) > Trad: _____ Sport: _____ Big Wall: _____ Ice: _____ Alpine: _____ Bouldering: _____

Climbing Level > Beginner/Novice: ___ Competent & Recreational: ___ Competent & Serious: ___ Follow 5. ___ Lead 5. ___

Medical History/Conditions (on need to know basis): _____

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

(Please read and understand the implications of signing.)

Express Assumption of Risk Associated with Mountaineering and Climbing Related Activities and/or of Being a Volunteer with SRCFC.

I, _____ do hereby affirm and acknowledge that I am aware of the inherent hazards and risks associated with Mountaineering, Rock Climbing, Indoor Climbing Activities and being a Volunteer with SRCFC, including 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 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, your belayer, other climbers with or near you or your exposed situation.
6. Broken bones, severe injures to the head, neck and back which may result in severe physical impairment or even death.
7. Cold weather and heat relate injuries include but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration. 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.
8. Attack by or encounter with insects, reptiles and/or animals
9. Accidents or illness occurring in remote places where there are no available medical facilities.
10. Fatigue chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident.
11. My sense of balance, physical coordination, and ability to follow instructions.
12. 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, Indoor Climbing, Volunteering 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 entities, 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 AN 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

Name of Adult Participant (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 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

Name of Parent or adult legal Guardian (Please Print)

Minor's Full Name (Please Print)

Date

Protective Headgear Refusal Agreement

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

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

I, FOR MYSELF AND/OR ON BEHALF OF MY CHILD OR LEGAL WARD, ACKNOWLEDGE THAT BEST PRACTICE DICTATES THE WEARING OF 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. I REALIZE THAT I AM EXPOSING MYSELF OR MINOR BEING SIGNED FOR TO MORE RISK ON A PURELY VOLUNTARILY BASIS.

WITH THIS KNOWLEDGE, I AM DECLARE THAT I WILL NOT BE WEARING A HELMET 100% TIME WHILE CIMBING.

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

Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

Signature of Parent or adult legal Guardian if Participant is a Minor

Name of Parent or adult legal Guardian (Please Print)

Minor's Full Name (Please Print)

Date