

HOLD HARMLESS AND MEDICAL RELEASE FORM

YMCA of Cass and Clay Counties
Schlossman Branch CLIMBING WALL

ADMISSION REQUIREMENTS AND PARK RULES

1. All climbers must sign a release form and fill it out COMPLETELY and LEBIGLY (a parent/legal guardian must also sign the release form if the climber is under 18 years of age).
2. All climbers must tie the rope directly in to harness.
3. Climbers must prove their proficiency to belay to a staff BEFORE they will be allowed to belay for others.
4. Children under the age of 8 must be accompanied by an adult, and this adult MUST stay in the facility while their child or children are using the climbing wall.
5. No running, jumping, yelling, swinging on the ropes or horseplay in the climbing wall floor.
6. No smoking, drugs, or alcoholic beverages allowed in the facility or on the facility grounds at any time. Anyone suspected of being under the influence will not be permitted in the building or the climbing wall area.
7. No swearing or profanity.
8. You must pay and have your hand stamped at the front desk to access the climbing wall.
9. No food or drinks are allowed in the climbing area.

For your own safety and the safety of other climbing participants and spectators, you must read, understand and follow all climbing gym rules. Failure to abide by these rules can result in dismissal from the climbing area. Please sign and date this form after you have read it in its entirety. If you have any questions about these rules, please contact a staff member for clarification.

CLIMBER INFORMATION

Climbers Name (print) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (mobile) _____

Date of Birth _____ Age _____

EMERGENCY INFORMATION

Name (print) _____

Relationship _____

Phone (home) _____ (alternative #) _____

RELEASE OF ALL CLAIMES, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

Please initial all _____ if you have read and understand the following statements:
(if climber is under 18 years of age, a parent or legal guardian should also sign)

_____ I understand and I am aware that the use of the YMCA climbing wall, facilities, and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death, such as slips, trips, falls or accidents. I expressly assume all risk of injury or death that may be sustained during my use of the climbing wall, facilities and equipment, including those caused or contributed by the acts or omissions of the YMCA or its officers, directors, agents and employees, defects in the climbing wall, facility and equipment, the negligence of others and my own negligence or misuse.

_____ In consideration of being permitted to use the YMCA climbing wall and related facilities, serves and equipment, I hereby release, acquit and discharge the YMCA, its successors and assigns, and its officers, directors, agents, employees of and from all claims and liability of any kind in which may arise out of my use of the YMCA climbing wall, facilities and equipment and I covenant and agree that I will not sue of commence any action of any kind against the YMCA, its successors and assign and its officers, directors, agents, and employees.

_____ In consideration of being permitted to use the YMCA climbing wall and related facilities, services and equipment, I agree to indemnify and hold harmless the YMCA, its successors, and it's officers, directors, agents and employees of and from any claims, demands, liability, or judgments arising out of my use of the YMCA climbing walls, facilities and equipment.

In consideration of my child/ward being permitted to use the YMCA climbing wall or related facilities, services and equipment I agree to indemnify and hold harmless the YMCA, its successors and assigns, and its officers, directors, agents and employees of an from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the YMCA climbing wall, facility and equipment.

Signature (Parent/Guardian please sign here only if the climber is under 18 years of age)

Date

***THIS WAIVER WILL NOT BE KEPT ON FILE AT THE SCHLOSSMAN BRANCH IF THE STAFF CANNOT CLEARLY READ IT