



## CLIMBING WALL WAIVER RELEASE AND INDEMNITY

THIS IS A LEGAL DOCUMENT PLEASE READ THOROUGHLY.

Participant Last Name	Participant First Name	Participant Date of Birth	Phone No.
Street Address	City	Province	Postal Code
Emergency Contact Name		Emergency Contact Phone Number	
Email Address			

*Please note that 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.*

**Initials of parent if under 18 OR initials of participant if greater than 18 years are required in boxes numbered 1-4.**

1. 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. I understand that by signing this document, I, my successors, heirs, assigns or personal representative waive the right to sue or otherwise claim against the Bonnyville & District Centennial Centre 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 Bonnyville & District Centennial Centre.

3. I further agree to indemnify and save harmless the Bonnyville & District Centennial Centre 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 the Bonnyville & District Centennial Centre or my use of its facilities or from the participation of my infant child in any program in the Bonnyville & District Centennial Centre or from that child's use of its facilities.

4. I understand that the activity of climbing must be carried out without the assistance of another climber on the wall. I also understand tandem climbing or having children harnessed to me while climbing is strictly prohibited.

**Helmet Waiver for participants over the age of 14 years only.**

5. It is strongly recommended that all climbers wear a helmet. I have been offered a protective helmet, which could prevent permanent brain damage in the event of an accident. Against the advice of the Centennial Centre Staff and the insurance company, I am refusing this critical safety precaution.

**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 Town of Bonnyville in the Province of Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Signature of Parent if under 18 or Participant

\_\_\_\_\_  
Print Name of Parent if under 18 or Participant

\_\_\_\_\_  
Staff Signature *(C2 Staff only)*

\_\_\_\_\_  
Staff Print Name *(C2 Staff only)*