



**Please initial next to each individual line.**

\_\_\_\_\_ I hereby acknowledge and assume the inherent risks involved in indoor rock climbing. These risks might include personal injury or possibly death resulting from my personal health/physical limitations known and unknown, malfunction or misuse of equipment, failure to adhere to proper climbing procedures, failure to acknowledge personal skill levels, decision making, or accidents.

\_\_\_\_\_ Grand Valley State University is providing facilities, equipment, educational training and supervision to those who wish to participate in indoor rock climbing. For and in consideration of the opportunity to engage in this activity at the Grand Valley State University Climbing Center, I release, acquit, and discharge forever on behalf of myself, my heirs, assigns and personal representatives, Grand Valley State University, its' agents, officers, employees, successors, volunteers, and representatives from any and all liability, claims, or causes of action that result from my participation with the Grand Valley State University Climbing Center's indoor rock climbing facility.

\_\_\_\_\_ The Grand Valley State University Climbing Center staff is comprised of Grand Valley State University student employees trained in rock climbing, risk management, and CPR/First Aid. They are educated in the implementation of the policy/procedures manual established for the facility.

\_\_\_\_\_ I understand that I may not use the Grand Valley State University Climbing facility until I have been deemed qualified to do so by the Grand Valley State University Climbing Center staff. I certify that I am a legally competent adult 18 years of age or older and have read this paragraph releasing Grand Valley State University, its' agents, officers, employees, successors, volunteers, and representatives from liability, and I understand and voluntarily sign this form.

**I have read and understand the above statements.**

\_\_\_\_\_ Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date

**If under 18yrs old:**

I am the parent/legal guardian of \_\_\_\_\_. I have read the Acknowledgment of Risk and Release of Liability in its entirety and I understand the potential risk in indoor rock climbing. I grant permission for \_\_\_\_\_ to participate in this activity. I have reviewed the GVSU Climbing Center Guidelines with the minor participant. I certify that I am legally competent to grant permission as an adult and warrant my authority as the parent/legal guardian.

\_\_\_\_\_ Legal Parent/Guardian (please print) \_\_\_\_\_ Legal Parent/Guardian Signature \_\_\_\_\_ Date

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Helmet Waiver**

*This waiver is not applicable to those under the age of 18. Participants over the age of 18 may waive their obligation of wearing a helmet by agreeing to the following.*

I, the undersigned, am aware of the inherent risk involved in the sport of rock climbing. I understand that the GVSU Climbing Center makes helmets available to all customers at no cost. I am aware that wearing a helmet may reduce the risk of serious injury or death. With this understanding I may choose not to use this important safety device.

\_\_\_\_\_ Participant's Name (please print) \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date