

Rock Climbing Participation Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Waiver and Release of Liability

By signing this document, I acknowledge and agree to the following:

- I understand that rock climbing involves inherent risks, including risk of serious injury or death.
- I voluntarily assume all risks associated with participation in rock climbing activities and associated events.
- I agree to follow all safety instructions and rules provided by the organizers and facility staff.
- I release and hold harmless the event organizers, staff, and facility owners from any and all liability for injuries or damages arising from participation.
- I certify that I am physically able to participate in rock climbing activities.

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Participant Signature

Date

If Participant is Under 18

Parent/Guardian Name

Parent/Guardian Signature

Date