

Rock Climbing Gym Waiver

Participant Information

Full Name

Date of Birth

Email Address

Emergency Contact

Contact Name

Relationship

Phone Number

Waiver & Release

I acknowledge that participation in rock climbing, bouldering, and related activities carries inherent risks including the risk of injury or death. I voluntarily assume all risks associated with these activities and agree to release the gym, its staff, and owners from any liability.

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I have read and agree to the terms above.

Signature

Participant Signature

Date

If under 18 years of age, parent/guardian must complete:

Parent/Guardian Name

Parent/Guardian Signature

Date

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