Release of Liability Form

This Release of Liability ("Releaseâ€) is entered into by the undersigned participant ("Participantâ€) for participation in adventure sports, including but not limited to rock climbing ("Activityâ€). By signing below, Participant acknowledges, understands, and voluntarily accepts all risks associated with the Activity.

Participant Information
Name:
Address:
Phone Number:
Email:
Date of Birth:
Assumption of Risk
I understand that adventure sports may involve inherent risks including, but not limited to, serious injury or death. I choose to voluntarily participate in the Activity with full knowledge of the risks involved.
Waiver and Release
I hereby release and hold harmless the organizers, instructors, property owners, and any affiliated parties from any and all liability, claims, or demands arising out of my participation in the Activity.
Medical Consent
I certify that I am physically fit to participate and have not been advised otherwise by a qualified medical professional.
Emergency Contact
Name:
Relationship:
Phone Number:

I have read and understand this Release of Liability Form and accept all terms and conditions.
Participant Signature:
Date:
Parent/Guardian Signature (if under 18):
Date: