Rock Climbing Gym Waiver

Participant Information

Date of Birth Address Phone Number Email Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability I agree to the release of liability.	Full Name
Address Phone Number Email Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Phone Number Email Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	Date of Birth
Phone Number Email Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Phone Number Email Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	Address
Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	Phone Number
Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Emergency Contact Name Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	Email
Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Phone Number Assumption of Risk I have read and understand the above information. Release of Liability	
Assumption of Risk I have read and understand the above information. Release of Liability	Emergency Contact
Assumption of Risk I have read and understand the above information. Release of Liability	Name
Assumption of Risk I have read and understand the above information. Release of Liability	
I have read and understand the above information. Release of Liability	Phone Number
I have read and understand the above information. Release of Liability	
I have read and understand the above information. Release of Liability	
Release of Liability	Assumption of Risk
Release of Liability	
	I have read and understand the above information.
I agree to the release of liability.	Release of Liability
I agree to the release of liability.	
	I agree to the release of liability.

Medical Information

Please list any medical conditions or allergies

Signature	
Participant Signature	
Date	
Date	
If participant is under 18:	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	