

Rock Climbing Gym Waiver

Participant Information

Full Name

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

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I agree to the release of liability.

Medical Information

Please list any medical conditions or allergies

Signature

Participant Signature

Date

If participant is under 18:

Parent/Guardian Name

Parent/Guardian Signature

Date