

University of Idaho, SRC Climbing Center Acknowledgement of Risk and Waiver of Liability

Signatures on back of page are required prior to participation.

Name:	(First)	(Last)	
Age:	(Age)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:	(Street)		
	(City, State)	(Zip)	
Phone:	(Home)		
UI Student ID #:			
E-mail:			
Emergency contact:	NAME:	(Relationship)	
	PHONE:	CELL:	

Acknowledgement of Risk and Waiver of Liability

Participants and parent(s) / guardians of participant if under 18 years of age must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this page. Sign and return this form to the SRC Climbing Center. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, am aware that participation in the SRC Climbing Center (“Program”) may include activities that are risky and dangerous. The participant (“I”) acknowledge and accept the risks and give permission for participation in the Program. I acknowledge that participation in this Program has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including mortal injury, may occur: tying appropriate climbing knots; exercising proper belay techniques; bouldering; roped climbing; lead climbing; ice climbing; multi-pitch climbing; rappelling; and being in the presence of others climbing which could include, but not limited to, dropped equipment, broken holds, and falling climbers. I understand that the dangers and the risks of participation in the Program could include, but not limited to, death, serious neck or spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being. I furthermore specifically acknowledge that climbing may involve an even greater risk of injury than other sports. Because of the inherent dangers of participating in climbing wall or related activities, I recognize the importance of following instructions regarding techniques, training, rules, and agree to obey such instructions. I have or will obtain prerequisite skills, qualifications, preparations and training to participate in the activity in a safe and competent manner.

I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may be sustained by me, any loss or damage to property owned by me or in my possession, lost wages, or loss of earning capacity, as a result of being engaged in such an activity.

In consideration of permitting me or my dependant to associate with the Program, I hereby voluntarily assume all risks associated with participation. To the extent permitted by law, **I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the UI, their agents and employees from any and all liability**, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above named Program.

<i>This form continues on the back of this page.</i>
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It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby certify that, with or without accommodation, I and/or my dependant is in good health and I know if no medical reason why I/my dependant is not able to participate in this program. **I hereby consent to first aid, emergency medical care** and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I/my dependant may sustain while participating in any activity associated with the UI Climbing Center.

I understand that I am responsible for all medical expenses.

If I have a disability requiring accommodation, I will contact the program director prior to the start of the Program.

I accept and will abide by the University of Idaho Policies listed in the Policies and Interest to Student Brochure, which is available on-line at www.webs.uidaho.edu/riskmanagement or by contacting Risk Management at (208) 885-7177. I accept and will abide by the behavioral expectations of the Program, applicable city, state and federal laws, and the policies and procedures of the University of Idaho. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from the Program.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Program is a party, shall be entered in Latah County, Idaho.

I agree that you may photograph me in connection with, the Program. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph. I agree that you may use the photograph in any media you wish related to the University of Idaho Program.

If you DO NOT GIVE PERMISSION TO PHOTOGRAPH YOU, CHECK HERE

Note: If participant is under 18 years of age, a parent/legal guardian must also sign and accept responsibility for the participant's actions and terms of the above agreement.

PARTICIPANT'S SIGNATURE
Participant's Name (PLEASE PRINT):
Participant's Signature:
X
Date:

PARENT(S) / GUARDIAN(S) SIGNATURE
Parent/ Guardian Name (PLEASE PRINT):
Parent/ Guardian Signature:
X
Date:

Staff use: *(Staff initials for successful Belay Check or Basics Clinic).*

Date: _____

Belay Check: _____

Basics Clinic: _____

Video: _____