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)		❑ Male	❑ Female
Address:	(Street)			
	(City, State)		(Zip)	
Phone:	(Home)		(Cell)	
UI Student ID #:				
E-mail:				
Emergency contact:	**NAME:**		(Relationship)	
	PHONE:		**CELL:**	

Acknowledgement of Risk and Waiver of Liability

Participant, and parent(s) / guardians of participant if participant is 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 participant or parent/guardian, am aware that participation in the SRC Climbing Center programs ("Program") may include activities that are risky and dangerous. I acknowledge and accept that participation in the Program includes the following non-exhaustive list of activities that are **inherently dangerous** and from which bodily injury, **including death**, may occur: tying climbing knots; belaying; bouldering; roped climbing; lead climbing; ice climbing; multi-pitch climbing; and rappelling. I understand that the risks include, but are not limited to: falling off or from the climbing wall, and hitting the floor, wall faces, other people, or objects on the floor; dropped items, broken holds, or falling people. I understand that these risks arise from some or all of the following: bad knots; improper belay techniques; human error; rope abrasion or entanglement; failure of ropes, knots, belays, slings, harnesses, climbing holds, anchor points, hardware, or any other part of the climbing wall; equipment failure, and my own or my dependent's carelessness. I understand that the dangers and the risks of participation in the Program could include, but are not limited to, death, serious neck or spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other parts of the muscular-skeletal system, and serious injury or impairment to other basic functions, general health, and well being. I 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 and related activities, I recognize the importance of following instructions regarding techniques, training, and rules, and I agree to obey all instructions. I have, and my dependent has, or will obtain prerequisite skills, qualifications, preparation and training to participate in the Program in a safe and competent manner.

I voluntarily accept full responsibility for any loss, property damage, physical or mental injury, death, and all other damages that may be sustained by me or my dependent, including without limitation loss or damage to property owned by me or my dependent or in my or my dependent's possession, lost wages, loss of earning capacity, and emotional harm, as a result of participation in the Program. I further assume full responsibility for all such damages caused to others by my or my dependent's conduct.

In consideration of the University of Idaho permitting me or my dependent to participate in the Program, I hereby voluntarily consent to and accept all risks associated with participation. **I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, The Regents of the University of Idaho, their agents and employees ("Releasees") from any and all liability,** claims, causes of action or demands of any kind and nature whatsoever, including attorneys fees incurred by Releasees, that may arise from Releasees' negligent conduct or from my own negligent or intentional conduct or that of my dependent, in connection with my or my dependent's participation in any activities related to the Program.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and acceptance of risk for my heirs, estate, executor, administrator, assigns, and all members of my family.

I hereby certify that, with or without accommodation, I am, and/or my dependent is, in good health and I know of no medical reason why I am not, or my dependent is not, able to participate in the Program. **I hereby consent to first aid, emergency medical care, and admission to an accredited hospital** when necessary for executing such care, for treatment of injuries that I/my dependent 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.

Whether or not I am a student, I will abide by: the University of Idaho Student Code of Conduct, Articles II through IX at http://www.webs.uidaho.edu/fsh/2300.html; the behavioral expectations of the Program; and all applicable city, state and federal laws. I understand that failure to follow instructions, or disregard of University of Idaho policies and applicable laws, may be considered grounds for denying my/my dependent's participation in the Program.

The venue of any dispute that may arise out of my or my dependent's participation in the Program, if the University is a party to the dispute, shall be in Latah County, Idaho.

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 his/her compliance with the terms of this Acknowledgment of Risk and Waiver of Liability.

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: