



**TRAILS RECREATION CENTER
CLIMBING ACTIVITY WAIVER**

ANYONE UNDER 18 YEARS OF AGE MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN THIS FORM. IF YOU ARE NOT A PARENT OR LEGAL GUARDIAN, PLEASE DO NOT SIGN FOR A MINOR.

CLIMBER: _____

Last

First

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

I hereby acknowledge the inherent risks in any climbing activity. I, therefore, am voluntarily assuming full responsibility for any and all risk of death, permanent disability, personal injury or property damage suffered while participating in any District climbing activity; whether or not I am under the supervision of Trails Recreation Center personnel. I acknowledge and am fully aware of the potential dangers involved with climbing activities including, but not limited to; severe injury or death due to falls, negligence on the part of myself, my belayer or other climbers (please choose your partners carefully and at your own risk); improper use of equipment; falls resulting in contact with walls and/or equipment and holds which may have become loose or damaged. I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Trails Recreation Center climbing wall and understand that there may be other risks not known or reasonably foreseeable at this time.

I hereby knowingly and intentionally waive and release, agree to indemnify and hold harmless and defend Arapahoe Park and Recreation District and the Trails Recreation Center, their employees, agents, representatives, contractors and volunteers from any loss, damage or injuries incurred in connection with any District climbing activity.

I am in good health and have no physical limitation which will endanger me or others. I agree to read and abide by all rules and regulations set forth, present and future, and to comply with any and all requests made to me by Trails Recreation Center personnel.

I acknowledge that I have read and fully understand this waiver/release form and have been advised of the potential dangers associated with participating and/or receiving instruction in any climbing activity. I am 18 years of age and otherwise legally competent to sign this agreement.

Signature of Participant (if over 18 years old): _____ **Date:** _____

I understand and agree that by signing this agreement on behalf of my child (under 18 years); I am giving up the same rights for them, as a participant, as I would be giving up if I were participating and signing this waiver/release on my own behalf.

To be read and signed by parent or legal guardian of minor under the age of 18.

Signature of Parent or Legal Guardian: _____ **Date:** _____