



Release of Liability and Assumption of Risk

Participant Last Name	Participant First Name	Middle Initial	Date of Birth (Month / Day / Year)
Address		City	Province/State
Postal code/Zip	Primary Phone	Secondary Phone	Email (For events and promotions)
Emergency Contact		Emergency Phone	

**Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement.
Please Read and Sign Below.**

◆ ◆ ◆ Please note that by signing the agreement; you give up the right to sue for any injury or damages, however caused ◆ ◆ ◆

To: CITY CLIFFS CLIMBING GYMS LTD., D.B.A. CLIMB BASE5 ("the Company" and it's directors, officers, and employees, representatives, and agents (collectively called "the agents").

1. I agree as a precondition to my participation in all events organized by "the Company" and/or "the Agents" including, but not limited to indoor rock climbing (referred to as the "the Activities") and in further consideration of "the Company" allowing me to do so, that I will strictly be bound by the term of this Release of Liability, Waiver of Claims, Assumptions of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" involve inherent risk and danger that may cause serious injury and possible death to participants.
3. I fully understand the risks and dangers associated with my participation in "the Activities" and accept same entirely at my own risk.
4. I hereby waive any and all claims which I may have against "the Company" and "the Agents" and release "the Company" and "the Agents" from all liability for injury, death, property damage or other loss sustained by me as a result of my participation in "the Activities", due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by "the Company" and/or "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company"; event though "the Agents" are not formal parties the "the Agreement".

I am 16 years of age or older, and I have read and understand "the Agreement". I understand that this document contains a promise not to sue "the Company" and/or "the Agents" and that it constitutes a release of liability and an indemnity for all claims. If I am the parent and/or legal guardian of the participant I have read and understand and execute "the Agreement" on behalf of my child/ward. Initial

I agree to abide by all posted facility rules, and staff instructions. I understand that failure to abide by facility rules will result in a suspension of privileges. Initial

I hereby sign this agreement on behalf of myself, my personal representatives, heirs, and assigns.

Witness

_____/_____/_____
Month Day Year

Participant signature or Parent/Legal Guardian

Print Name

Print Name of Child