



377th Force Support Squadron, Outdoor Recreation
8351 M Ave Bldg 20410 Kirtland AFB NM 87117
Phone: 505-846-1499/1275, Fax 505-853-1535

CLIMBING GYM RELEASE FORM (WAIVER OF RESPONSIBILITY)

DATE: _____

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney

The undersigned is in full agreement that while using the climbing gym there are risks associated with participating in such activities. The climbing gym is sponsored by Outdoor Recreation, an agency of the United States Air Force.

The purpose of this program is to promote physical, mental, emotional and social well-being through the acquisition and practice of basic indoor climbing skills.

Each participant is expected to engage in only those activities that he or she is physically capable of safely accomplishing, and acknowledges that they do not have any health issues that would interfere or prohibit participation.

Do you have any medical conditions that would prohibit your use of the climbing gym? _____

If you answered "yes" to the above question, you must have written approval from your doctor before using the gym.

Do you have any allergies? Please list: _____

Emergency contact name: _____ Phone: _____ Cell phone: _____

Each participant **understands that Outdoor Recreation will provide a helmet at no charge upon request**, and agrees to follow all safety rules as posted, stated or deemed necessary by Outdoor Recreation. All posted RULES must be followed.

Participant is responsible for personal effects.

The undersigned acknowledges that climbing on an artificial climbing wall entails known and unanticipated risks, which can result in physical or emotional injury, paralysis, death, or damage to self, to property, or third parties, and understands that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, but are not limited to: falling off the wall; loose or damaged artificial holds; rented equipment failure; falling to the ground, falling on others, or being fallen on by others; fixed equipment failure; belay failure or an inattentive belayer; climbing out of control or beyond ones personal limits; the negligence or other climbers, visitors, participants, or other persons who may be present; head injuries; or my own negligence.

Participant acknowledges the dangers involved and assumes all risks associated with such activity and does hereby discharge the Government of the United States, and all its agents, officers, employees, and other personnel from any and all liability, claims, demands, actions, or causes of action on account of the death or personal injury of the undersigned or on account of the loss or destruction of personal property belonging to the undersigned, which may occur as a result of or arise out of the undersigned's participation with this climbing wall activity.

As liquidated damages, I hereby agree that if the Government of the United States, or its agents, officers, employees, and other personnel are forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay the Government of the United States, its agents, officers, employees, and other personnel's costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

The climbing gym may be closed for the participant's safety in the event of necessary maintenance, equipment malfunction/failure, or other causes or events beyond the control of the USAF, its agents, officers, employees, and other personnel. I also understand that Outdoor Recreation reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in indoor climbing.

PARTICIPANT'S NAME (Please Print)

DATE OF BIRTH

ADDRESS

CITY/STATE/ZIP

HOME PHONE

DUTY PHONE

UNIT/SQUADRON

PARTICIPANT'S SIGNATURE

DATE

To be filled out by parent or guardian if participant is under 18

In consideration of _____ (print Minor's name), hereinafter "Minor", being permitted by Outdoor Recreation to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the Government of the United States, and all its agents, officers, employees, and other personnel from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

SIGNATURE OF PARENT OR GUARDIAN OF MINOR (under 18)

DATE

The Rules

- No running in the building! Watch you step in the gym
- No climbing or belaying while under the influence of drugs or alcohol
- Do not boulder above the yellow line
- You must pass specific tests administered by climbing gym staff before belaying or lead climbing. Minimum age for belaying is 14
- Use spotters and crash pads while climbing unroped (bouldering)
- Your harness must be manufactured for rock climbing
- Climbers must tie into their harness with a retraced figure 8 knot
- No skipping bolts while on lead

I have read, understood and agree to abide by the climbing gym rules.

Signature _____ **Date** _____

Please write down your email address if you would like to know about upcoming events in the gym:

Staff Use Only		
	TR Belay	Date Passed
		Staff Initials
	Lead Climb	Date Passed
		Staff Initials
	Lead Belay	Date Passed
		Staff Initials
	Failed Tests	
Date/Test:	Reason:	Initials:
Date/Test:	Reason:	Initials: