

RELEASE FORM

SAINT JOHN'S UNIVERSITY CLIMBING WALL

ACKNOWLEDGMENT OF RISK

I HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the facilities of the Saint John's University Climbing Wall (hereinafter referred to as the Wall), its climbing wall and other training facilities has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the Wall.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Wall and that the above and in no way limits the extent or reach of this release and covenant not to sue

RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE

In consideration of my use of the Wall, I, the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Saint John's University, its officers, agents, sponsors, and employees from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against the Wall on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Wall whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to, the NEGLIGENCE of Saint John's University, its officers, agents, sponsors, and employees.

In consideration of my use of the Wall, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS Saint John's University, its officers, agents, sponsors, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way relating to my use of the Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the St. John's Climbing Wall and that by this agreement, I am relieving Saint John's University, all other event sponsors, of any and all liability for such loss damage, or death.

I further certify that I am in good health and that I have no physical limitations which would preclude my safe use of the facilities.

By Signing below you are indicating that you have read, understood and will abide by the Release Form above, and also that you have read, understood and will abide by the Contract Of Safety Policies For The Climbing Wall on the reverse side of this sheet, and that you understand the risks of climbing.

User's Name (PRINTED CLEARLY) _____

User's Signature _____

Date ____/____/____

If the climber is under 18 years of age, please have a parent or guardian fill out the following section:

I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this Release Form.

Parent/Guardian Name (PRINTED CLEARLY) _____

Phone (____) ____ - _____

Parent/Guardian Signature _____

Date ____/____/____

(Over)

For everything below (except signatures) please print in capital block letters. Please write very legibly.

Date: ____/____/____

Last Name: _____

First Name: _____

Date of Birth: ____/____/____

Please circle one: CSB / SJU / OTHER

(HOME) Address: _____

(HOME) City, State, Zip: _____

(HOME) Phone Number: (Your home number please, not your school number) (____)____-_____

If you are a CSB/SJU student living on campus what is your phone extension: X _____

If you are a CSB/SJU student living off campus please list a phone number of where you currently reside :(____)____-_____

CONTRACT OF SAFETY POLICIES FOR THE CLIMBING WALL

I, the undersigned user of Saint John's University Climbing Wall accept full responsibility for my own safety and the safety of other climbers while on the premises of Saint John's University. I agree to abide by, and to help enforce, the following safety policies:

1. All climbers must have a signed Release Form on file at the Wall and present a photo ID if requested to gain access to the Wall.
2. Climbers will tie the rope directly into their harness with a Figure 8 retrace knot.
3. Saint John's, University reserves the right to deny access to its facilities to any individual permanently or for a specified period of time for breach of contract in following the safety policies, or for any conduct that is viewed as unsafe or inappropriate.

RISK OF CLIMBING: I, the undersigned recognize the dangers inherent with climbing activities. I am assuming the hazard of this risk upon myself since I wish to climb. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger to which I am exposing myself.

User must write the following in the above space:
"I have read and I understand the Risk of Climbing statement above"

This final section is optional:

Are you belay certified: Yes____ No____

If yes: Are you top rope certified: Yes____ No____

Are you lead belay certified: Yes____ No____

Did you gain your certification here at the Saint Johns Climbing Wall: Yes____ No____

If no where did you gain your certification: _____

If No: Would you like to become belay certified through one of our free courses: Yes____ No____

If you are belay certified, or when you achieve your certification would you like to be part of our belay volunteer program: Yes____ No____

If Yes: What is your email (please print very clearly) _____