



CLIMBING GYM WAIVER OF RESPONSIBILITY

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

PRIVACY STATEMENT

AUTHORITY: AFI 33-332, THE AIR FORCE PRIVACY AND CIVIL LIBERTIES PROGRAM

PRINCIPAL PURPOSE: Review and confirm ability to participate/use Outdoor Recreation (ODR) Climbing Gym and equipment.

ROUTINE USERS: Used by ODR personnel to document individual user and or legal guardian of user release and waiver of risk and release of liability, claims, demands, actions or causes of actions.

DISCLOSURE IS VOLUNTARY: Furnishing requested information is voluntary; however, failure to provide this information could preclude customer from use of ODR equipment and programs. The information accessed through this system is FOR OFFICIAL USE ONLY and must be protected in accordance with the privacy act, AFI 33-332.

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. DO NOT SIGN THIS FORM UNLESS YOU FULLY UNDERSTAND ITS TERMS AND THE LEGAL RIGHTS YOU ARE FORFEITING. THE EFFECT OF THIS FORM IS TO RELEASE THE UNITED STATES AIR FORCE (USAF), KIRTLAND AIR FORCE BASE (KAFB) ITS MEMBERS, OFFICERS, AGENTS, EMPLOYEES AND ANY OTHER PERSONS OR ENTITY ACTING ON BEHALF OF THE USAF.

I _____ (print name) The undersigned is in full agreement that while using the Outdoor Recreation climbing gym is voluntary. I understand there are risks and dangers associated with the use of this facility and its equipment and climbing walls. I hereby release, forever discharge, indemnify, and hold harmless the USAF, KAFB, its members, officers, agents, employees and any other persons or entity acting on behalf of the USAF. I assume any risk, take full responsibility and waive any claims of personal injury, death or damage to personal property associated with my use of the above -named facilities and/or activities.

I acknowledge that I been informed of and understand the facility rules and safety requirements and will follow those rules and requirements. I will exercise reasonable care not to cause harm to myself, others, equipment or property. I assume responsibility and liability for any such harm. I acknowledge that I have been informed of and understand the risks, dangers and hazards including but not limited to: sprains, strains, falls, bruises, cuts, head injuries, paralysis, or death. I understand that the negligence of other climbers/belays, visitors, participants, or other persons who may be present; or my own negligence may present additional hazards. I understand that a helmet will be provided at no cost by Outdoor Recreation upon request. I understand that I will be solely responsible for any costs of bodily injury or property damage resulting from my participation in the above activities.

I acknowledge that I am in good health and DO NOT have any physical or medical conditions or limitations that would inhibit my ability to act in accordance with any of the rules and safety requirements or present additional harms or risks to myself or others. I acknowledge that I will not engage in any activities that are beyond my physical capabilities.

I understand that by signing this document, I am waiving all future liability claims against the Released Parties and hereby discharge Released Parties of any and all liability, claims, demands, actions, or causes of action on account of the death or personal injury or on account of the loss or destruction of personal property, which may occur as a result of or arise out of the undersigned's participation with this climbing wall activity.

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 un-roped (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.

| | | |
|-----------------------------------|------------|----------------|
| Participant's Name (Please Print) | | Date of Birth |
| Street Address | | |
| City | State | ZIP |
| Work Phone | Home Phone | E-mail Address |

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
|--------------------|---------------|

I, _____ am the parent or legal guardian of the signing participant and consent to his/her participation in the below named activities. I have read and understand the terms of this document and fully agree to its terms and conditions.

| | |
|---|---------------|
| _____ Signature of Parent or Guardian of Minor | _____ Date |
|---|---------------|

Do you have any allergies? Yes No If yes; please list: _____

Emergency contact name: _____ Phone: _____