3/20/2009

University of Michigan M Rock Waiver

_____ _____ [____]_____
First Name Last Name Phone Number

_____
Street Address City State Zip Code

_____ / _____ / _____ E-mail Address_____ UM ID #_____
Birth date

Are you? UM Student UM Faculty/Staff Rec Sports Member General Public

Male_____ Female_____ Emergency Information: Name _____ Phone # [____]_____

Are you aware of any medical conditions that may increase your risk to safely participate in rock climbing? **Yes / No**
If yes, please describe condition and understand that if you are allowed to participate you would be doing so at your own risk.
_____

OFFICE USE ONLY
Proficiency Status: Belay Proficient Not Belay Proficient

Rental Information: Date of rental: _____

UM Climbing Wall Guidelines

Please initial next to each individual line.

_____ All customers must have this form completely filled out or on file before climbing. A legal parent or guardian must sign the UM Climbing Wall Acknowledgment of Risk and Release of Liability before anyone under the age of 18 yrs old will be allowed to climb. Children under 14 years old must be accompanied by an adult who remains in the climbing area. Children must be at least 6 years old to climb at M Rock.

_____ Read all posted signs and warnings. Adhere to the instruction and recommendation of supervisory staff.

_____ All climbing instruction will be done by OA Climbing Wall Staff. Children must be 14 yrs old to receive a belay lesson.

_____ All climbers are responsible for proper fit of equipment, properly tying and dressing knots, double checking belay setup, using correct belay technique, double checking climbing setup. All knots must be tied directly to your harness.

_____ Belayers will be given a warning the first time they are caught belaying incorrectly. A subsequent occurrence will require the belayer to retake the basic lesson at the established price before being permitted to belay.

_____ Proper climbing commands must be used both before climbing and while on the wall. The purpose of these commands is to double check equipment and setup, which are imperative to safe climbing.

_____ Bouldering is allowed for those who understand and demonstrate an understanding of the rules. When bouldering the climber is not to exceed the end of a route, if the climber is not climbing a route then they are not to exceed the 3' line. Spotters are required when the climber's feet are greater than three feet off the ground. Do not boulder beneath other climbers. Proper use of crash pads is mandatory.

_____ Loose chalk is prohibited. Only standard manufactured climbing equipment may be used. No horseplay or swinging on ropes. Aside from water, no food or beverage is allowed in the climbing area. Appropriate attire must be worn to climb. No bare feet allowed on the wall or on the blue mat but climbing shoes, sandals, and gym shoes are OK. Foul language will not be tolerated.

_____ Climbing under the influence of an intoxicating or illegal substances is not permitted.

_____ Management has the right to suspend privileges to this facility without refund.

I have read and understand the above statements and will follow these guidelines. Or, as the legal parent or guardian of the participant I acknowledge that my child understands and will follow these guidelines and procedures.

_____ _____ _____
Name (please print) Signature Date

Acknowledgment of Risk and Release of Liability

Please initial next to each individual line.

_____ I hereby acknowledge and assume the inherent risks involved in indoor rock climbing. These risks might include personal injury or possible death resulting from my personal health/physical limitations known and unknown, malfunction or misuse of equipment, failure to adhere to proper climbing procedures, failure to acknowledge personal skill levels, decision making, or accidents.

_____ I understand that it is my responsibility to ensure the equipment I use is safe and in good working condition, whether it is owned by me, the University of Michigan, or other users of the Climbing Wall.

_____ I understand that the University of Michigan does not accept responsibility for, or insure climbers using the Climbing Wall, and that it is recommended that I have personal medical insurance that covers minor and catastrophic injuries.

_____ I acknowledge that different techniques are used for climbing out of doors or at other gyms. I have read and understand all of the rules of the Climbing Wall and agree to follow them and the Climbing Wall staff instructions.

_____ The University of Michigan is providing facilities, equipment, educational training and supervision to those who wish to participate in indoor rock climbing. For and in consideration of the opportunity to engage in this activity at the UM Climbing Wall, I release, acquit, and discharge forever on behalf of myself, my heirs, assigns and personal representatives, the University of Michigan, its' agents, officers, employees, successors, volunteers, and representatives from any and all liability, claims, or causes of action that result from my participation with the University of Michigan indoor rock Climbing Wall.

_____ The UM Climbing Wall staff is comprised of UM student employees trained in rock climbing, risk management, and CPR/First Aid.

_____ I understand that I may not use the UM Climbing Wall until I have been deemed qualified to do so by the UM Climbing Wall staff. I certify that I am a legally competent adult 18 years of age or older and have read this paragraph releasing the University of Michigan, its' agents, officers, employees, successors, volunteers, and representatives from liability, and I understand and voluntarily sign this form.

I have read and understand the above statements. Or, as the legal parent or guardian of the participant I acknowledge that my child understands the above statements.

_____ _____ _____
Name (please print) Signature Date

If under 18 yrs old:

I am the parent/legal guardian of _____. I have read the Acknowledgment of Risk and Release of Liability in its entirety and I understand the potential risk in indoor rock climbing. I grant permission for _____ to participate in this activity. I have reviewed the UM Climbing Wall Guidelines with the minor participant. I certify that I am legally competent to grant permission as an adult and warrant my authority as the parent/legal guardian.

_____ _____ _____
Legal Parent/Guardian (please print) Legal Parent/Guardian Signature Date

_____
Street Address City State Zip Code

Helmet Waiver

This waiver cannot be used for those under the age of 18.

I, the undersigned, am aware of the inherent risk involved in the sport of rock climbing. I understand that the UM Climbing Wall makes helmets available to all customers at no cost. I am aware that wearing a helmet may reduce the risk of serious injury or death. With this understanding I am choosing not to use this important safety device.

_____ _____ _____
Participant Name (please print) Participant Signature Date

OFFICE USE ONLY:
☐ Waiver completed ☐ Waiver/Cert. Info entered into OA program ☐ Staff Initials_____