

University of West Florida, Office of Recreation and Sports Services
STATEMENT OF ASSUMPTION OF RISK, INFORMED CONSENT, and RELEASE OF LIABILITY
Climbing Center, Building 72, Room 131

I, _____ (print full name), the undersigned participant, and in the event the undersigned is under eighteen (18) years of age, the undersigned's parent or guardian, have actual knowledge and conscious appreciation of the particular dangers involved with the University of West Florida Climbing Center at the Health, Leisure and Sports Facility. I acknowledge that the activities I will be participating in may involve strenuous physical activity, physical interaction with other participants, and other dangers, which may result in injuries to me, ranging from minor to severe, including serious permanent disability, paralysis, or death. These types of injuries may result from my own actions, the actions or inactions of others or a combination of both.

Other specific risks that may arise from my participation in these activities may also include, but are not limited to falling and hitting climbing holds, walls, the ground, or other people; misused or failing belay devices, carabiners, harnesses, ropes, and other climbing equipment; abrasions, entanglement, and other injuries from contact with ropes and climbing surfaces; injuries and strain to joints and extremities from insertion in cracks or around holds; objects such as ropes, carabiners, climbing holds, bolts, and other personal and climbing gear falling from above; other people falling upon or against me; and the physical exertion associated with climbing, spotting, and belaying. I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the Climbing Center and in no way limits the extent of this assumption of risk, informed consent, and release of liability.

I understand that climbing requires physical fitness for safe participation. I represent and warrant that I am physically fit and able to participate in activities at the Climbing Center and have no condition that would prevent me from participating. I agree to stop and request assistance if I experience any symptoms such as, but not limited to dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I acknowledge that it is my responsibility to secure appropriate personal medical insurance and understand that no such coverage is provided by the University of West Florida.

I understand that the rules and regulations involved with this activity are designed for my safety and protection and I hereby undertake to abide by these rules and regulations. I understand that my failure to adhere to the rules and regulations involved with this activity may result in my being removed from this and other such activities presently and permanently.

In consideration of my participation, I agree to hold harmless, release and forever discharge the State of Florida, the Florida Board of Governors, the University of West Florida Board of Trustees, the University of West Florida, and their respective officials, employees, agents, assigns, volunteers, and guests (hereinafter referred to as "Released Parties") from any and all liability resulting from the ordinary negligence of those involved. I further save and hold harmless the Released Parties from any claim or lawsuit by me, my spouse, my family, estate, heirs or assigns, arising out of my participation in the program offered or sponsored by the University of West Florida.

I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of Florida and that if any portion is held to be invalid, it is agreed that the balance of the agreement shall continue in full legal force and effect.

Finally, I hereby declare and represent that in making, executing and tendering this Statement of Assumption of Risk, Informed Consent and Release of Liability, I have read this statement, understand the risks involved, voluntarily assume the risks involved, understand the contents of this statement and sign it of my own free will and choice.

In witness whereof, I have executed this document this ____ day of _____, 20____.

Printed Name of Participant

Signature of Participant or Parent/Guardian
(If participant is under the age of 18)

Name of Emergency Contact

Telephone Number of Emergency Contact

Signature of Witness

Signature of Witness

Printed Name of Witness

Printed Name of Witness

FOR STAFF USE

Climber Information

Student/faculty/staff/dependent/spouse/community. Date of Birth: _____ Argus ID: _____

Belay Clinic

Date: _____ Staff person conducting test: _____

Belay Test

Date: _____ Staff person conducting test: _____

Check each item as passed:

- ___ Fit and adjust a climbing harness.
- ___ Tie a figure 8 follow through knot to the proper place on a harness.
- ___ Assemble belay setup with belay device, rope, carabiners, and floor anchor.
- ___ Perform belay check.
- ___ Use climbing commands.
- ___ Belay without ever removing your brake hand from the rope.
- ___ Catch and lower a climber with known and unknown falls.

Skills Checks

Date 1: _____ Staff person conducting check: _____

Pass/Fail. Notes: _____

Date 2: _____ Staff person conducting check: _____

Pass/Fail. Notes: _____

Date 3: _____ Staff person conducting check: _____

Pass/Fail. Notes: _____

Date 4: _____ Staff person conducting check: _____

Pass/Fail. Notes: _____

Date 5: _____ Staff person conducting check: _____

Pass/Fail. Notes: _____

Participation Log

Indicate the date, whether they used top-rope (tr) or just bouldered (b), and any problems:
