

**APPALACHIAN STATE UNIVERSITY
UNIVERSITY RECREATION
OUTDOOR PROGRAMS
CLIMBING WALL INFORM AND CONSENT**

Climber Information

Please Print Clearly

FIRST NAME:	LAST NAME:
LOCAL PHONE:	CELL PHONE:
PRIMARY EMAIL:	ASU BOX:

There are inherent risks associated with participation in indoor climbing and related activities (individually and collectively “activities”), which may result in damage to, or loss of, personal property, bodily injury, or even death. These risks include, but are not limited to:

1. Impact with the ground, wall, holds, or other people in the event of a fall
2. Failure of equipment
3. Human error in belaying, rope handling, lowering, and equipment use
4. Falling objects

In addition, climbing is a strenuous activity often requiring rigorous physical exertion. Physician approval is highly recommended for individuals with any of the following contraindications for participation:

1. High blood pressure (>145/90)
2. Unstable cardiovascular or respiratory conditions
3. Active back or joint problems (recent or recurring injuries)
4. Post-partum (<6 weeks since giving birth)
5. Uncontrolled diabetes, epilepsy, or seizures

I understand that wearing a climbing helmet may help prevent serious head injuries, including, but not limited to, permanent brain damage and death. I acknowledge that climbing helmets are made available to me at no charge by Appalachian State University Outdoor Programs for participation in climbing activities. I acknowledge and understand that Appalachian State University recommends the use of a helmet while climbing or belaying.

I accept and assume responsibility for the risks of property damage or loss, personal injury, and death, associated with my participation in the activities sponsored or provided by Appalachian State University. I accept and assume responsibility for my safety during participation in the activity, and I knowingly and voluntarily assume that responsibility.

In consideration of my participation in the activities, I agree as follows:

1. I will comply with all instructions and directions of Appalachian State University agents or employees during my participation in the activities. I understand, acknowledge, and agree to follow all Appalachian State University policies and procedures for climbing wall use. I agree to conduct myself in a safe and responsible manner while utilizing the climbing wall or assisting others in doing so;
2. I understand the risk and danger to me and my property associated with my participation in the activities, and I do so voluntarily in reliance upon my own judgment and ability. I knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other students or staff; and
3. I shall indemnify, defend, and save harmless Appalachian State University, its trustees, agents and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of Appalachian State University agents or employees or other participants, or injuries or losses suffered by others as a result of my own negligence or intentional acts, during my participation in the activities.

I certify that I am medically sound and physically fit to participate in the activities described above. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE. I HEREBY WARRANT THAT I AM 18 YEARS OF AGE OR OLDER OR THE PARENT OR GAURDIAN OF THE MINOR WITH THE LEGAL AUTHORITY TO EXECUTE THIS CONSENT.

Signature	Date	Date of Birth
Signature of Legal Guardian (if under 18yrs. old)	Date	