Individual Participant Waiver and Release Agreement

The undersigned in consideration for the right to participate in the below described activity ("Activity") hereby agrees to this waiver and release.

I recognize that the Activity may have a risk of personal injury and/or damage to my property. This includes:

1. Risks involved in physical activity. These activities may include walking, running, climbing, repetitive lifting, and other strenuous activity. Physical activity may also include the risk of injury such as slips, falls, cuts, scrapes, lacerations, burns, sprains, strains, tears, concussion, fractures of bones, bleeding, bruising, hemorrhage, infection and discomfort such as pain, nausea, dizziness, or other illness or sickness.

2. Risks involved in climbing and bouldering. These include but are not limited to falls from height and attendant impact with the floor or other surfaces, which may include the possibility of death, serious neck or spinal injury, complete or partial paralysis, and brain damage.

3. Risk of equipment failure. Equipment used may malfunction, break, or fail, despite reasonable care, maintenance, and use.

I hereby freely assume all risks which may be associated with or result from participating in the Activity including, but not limited to: travel to and from, instruction, participation, and competition.

I further agree to release the State of Utah, Weber State University (WSU), their officers, employees, agents, contractors and volunteers ("Releasees") from any and all liability, claims, demands, actions, loss, claim, damage, injury, illness, or harm ("Claims") to me of any kind or nature arising out of participation in the Activity including where Claims occur due to the negligence of Releasees.

Climbing and/or bouldering

on ___________________ at ___________________ a.m./p.m. at Weber Rocks Climbing Wall
(date)    (time)

CONSENT

Consent is expressively given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I AM 18 YEARS OF AGE OR OLDER, HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING WAIVER AND RELEASE, AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION OR COMPETITION IN THE ABOVE DESCRIBED EVENT.

______________________________    ________________________    ____________    __________
Participant Printed Name    Signature    W#    Date

______________________________    ________________________    ___________________
Age    Email    Phone #

IN CASE OF EMERGENCY, please contact: __________________________ Phone: ____________________

*If under 18 do not use this form, you must submit an informed consent signed by a parent or legal guardian.
Informed Consent for Minors and their Parent

This is an informed consent form for minors, which identifies risks of participating in a Weber State University (“WSU”) activity or program, and a consent form for parents/guardians.

**Parent or Guardian, read and sign this section:** I have been informed of the nature of the Activity, listed below, which my minor child wishes to participate in. I recognize that the Activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. I state that my minor child is free from any known heart, respiratory or other health problems that could prevent her or him from safely participating in the Activity. I consent to the participation of my minor child in the Activity.

Climbing and/or bouldering

on ________________________ at ____________________ a.m./p.m. at Weber Rocks Climbing Wall

(date)    (time)

CONSENT

Consent is expressively given, in the event of injury, for any emergency aid, anesthesia, and/or operation, if in the opinion of the attending physician, such treatment is necessary.

Parent/Guardian Name: _______________________________________________________________

Parent/Guardian Signature: _____________________________ Today’s Date: ___________________

Participating minor child, read and sign this section: I desire to participate in the Activity described above. I agree to familiarize myself with the Activity and what is required, rules of conduct and safety equipment. I agree to follow proper operating procedures including safety procedures as outlined by the Activity leader, plus any directions given by WSU personnel. I agree to follow the rules of conduct and use the provided safety equipment.

Participant's Name: __________________________________________________________________

Participant’s Signature: _________________________________ Today’s Date: ___________________

Emergency Contact: ____________________________ Phone: ____________________________