



## Rock Climbing Gym

Assumption of Risk and Waiver of Liability  
Agreement for Guests

*For use by persons 18 years of age and over*

***Please take the time to read the following form carefully.***

Indoor rock climbing carries inherent risks that cannot be altered. Rock climbing is physically and mentally strenuous, and requires a certain level of competence and physical fitness to minimize the risk. The use of the SIUE Campus Recreation Climbing Gym is voluntary, and in deciding to climb or boulder in this facility, the participant assumes the inherent risks associated with this activity.

I understand that there are certain risks involved with indoor rock climbing. Such risks include, but are not limited to, fatigue, stress, falls, hitting rock faces, projections and the ground, equipment failure, minor injuries (i.e., scrapes, bruises, cuts, rope abrasion, entanglement, pulled muscles, sprained ankles and knees, and muscle soreness), poor decision-making, inattentive belayers, and holds that become loose or damaged by other climbers. I understand that there are unforeseeable accidents or incidents that may occur, and I assume full responsibility for the risk of bodily injury, death, and property damage while using the SIUE Rock Climbing Gym. I agree to pay attention to the state of the ropes, anchors, and holds in the climbing gym, and to advise the SIUE Gym staff if I cause or notice any damage. I agree to abide by all SIUE Rock Climbing Gym policies, and if the SIUE Gym staff makes a specific request of or instruction to me, I agree to comply. In addition, I agree to pay any and all attorney's fees, court costs, or collection charges incurred by the University for returned checks or other account collection efforts.

By signing this agreement, I certify and acknowledge that I have read and understand the policies regarding the SIUE Rock Climbing Gym and the liability this agreement and I hereby agree to these terms. Additionally, I agree to abide by all policies regulating Southern Illinois University Edwardsville and Campus Recreation, with the understanding that any violation of those policies may result in forfeiture of privileges and fees paid to Campus Recreation. I further certify and acknowledge that I received and read a copy of the Climbing Gym policies and I agree to abide by those.

\_\_\_\_\_  
Participant's Name (please print clearly)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

As Sponsor, I understand that I may be held responsible for the actions of my guest(s) and may be held liable for any damages, which may result from inappropriate behavior on the part of my guest. I further understand that as the sponsoring party, I must be present in the Student Fitness Center/Vadalabene Center during the period of my guest's visit to this facility. I understand that failure to adhere to these provisions may result in the forfeiture of my own privileges in the Student Fitness Center/Vadalabene Center.

\_\_\_\_\_  
Sponsor's Name (please print clearly)

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date