

One form per person



(Those under the age of 18 require the signature of a parent or legal guardian in order to use the wall.)

CLIMBING WALL USE AND LIABILITY WAIVER

ALL AREAS MUST BE COMPLETED, INITIALED & SIGNED FOR WAIVER TO BE CONSIDERED VALID. MUST complete with pen:

Climber Name			
Address			
City		Prov	Postal Code
Telephone - Home_		Work _	
Gender	Prefer not to specif	fyBirth dat	te
Emergency Contac	t		_ Telephone
(Those u	nder the age of 18 requi	re the signature of a parent or	legal guardian in order to use the wall.)
In consideration of magree to follow post	y being permitted to use	e the climbing wall in this facilit f instructions. I acknowledge	Ily Before Signing & Initialing ty, I agree to the following waiver and release. I also e the inherent risks in the rock climbing activity
health reasons why I equipment and faciliti with physical injury or I understand that this	should not participate in les of The Collicutt Centr illness and accidents res activity may require spec	n its activities. I also understa es Climbing Walls there are inh	Deer that I am physically fit and know of no medical or and agree that in consideration of my using the nerent risks that may occur including those associated lures, decision making, and risks inherent in the sport ills and equipment.
own risk and it is expr the use of such equipr	ressly understood and agment.		ollicutt Centre during the use of the facility, I use at m I not be liable for any damage or injury resulting fron
actions, cause of acti equipment and faciliti by all facility rules.	on, claims and demand ies, whether or not such	s of every kind whatsoever wh	oyees and agents harmless from any and all liability hich may rise from or in connection with my use or ervised by the Collicutt Centre Staff. I agree to abide
My signature will also eighteen (18).	serve as a release and a	assumption of risk for any men	mbers of my family, including those under the age o
Signature 18+			Date
Sign below for Climber	under 18 years of age:		
Parent: Print:		Sign:	Date
OR Legal Guardian: <u>Print</u>	t:	Sign:	Date
Staff Accepted: Prin	t name:	Sign:_	□ Other

The personal information contained on this form is collected under the authority of the Municipal Government Act Section 3 and will be used for the purpose of registration and administration of recreational programs. If you have any questions about this collection, please contact the Recreation, Parks & Culture Manager, City of Red Deer, Box 5008, 4914-48 Avenue, Red Deer, Alberta, T4N 3T4 or telephone (403) 342-8100