



Shuswap Gym of Rock INC. WAIVER FORM (Minor)

Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (the "Agreement") Please note that by signing the Agreement, you waive the right to sue for any injury or damages, howsoever caused.

PARTICIPATION DATES(any or all): February 22, 2023

To: Shuswap Gym of Rock INC. and its directors, officers, employees, representatives, and agents (collectively called the "Company"). I hereby certify that I am the adult parent or legal guardian of **the Participant** a minor child under the age of eighteen years, and I consent to their participating in activities and using equipment provided by Shuswap Gym of Rock INC.

I hereby sign the Agreement on behalf of myself, my personal representatives, heirs and assigns. I acknowledge and agree that participating in or observing the activities sponsored and/or offered by Company including but not limited to indoor rock climbing, top roping, lead climbing, auto belaying and bouldering (the "Activities"), has inherent risks that may cause serious injury or death. The inherent risks include but are not limited to:

1. Injuries or death resulting from falls of persons who may come into contact with the Participant;
2. Injuries or death resulting from falls in which the Participant may come into contact with other persons, walls, structures, ropes, the ground and/or other objects;
3. Injuries or death resulting from acts or omissions, negligence, error or lack of adequate training by the Participant, Company or a third party; or
4. Injuries or death resulting from the failure or negligent misuse of the facility, climbing walls, or any equipment of Company.

I fully understand the inherent risks associated with the Participants participation in or observing of the Activities and I ASSUME COMPLETE RESPONSIBILITY and liability for those risks and for the injuries that may occur as a result of these risks, EVEN IF injuries occur in a manner that is NOT FORSEEABLE at the time I sign the Agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage the Participant or I sustain, including PERSONAL INJURIES to the Participant, damage to their property, or damages arising out of their death.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I agree that by signing the Agreement, I waive the right to sue for any injury or damages, howsoever caused, as a precondition to the Participants participation in all Activities. In further consideration of Company permitting the Participant to participate in the Activities, I agree that I will be strictly bound by the terms of the Agreement.

Participant Name

Participant Birthday

Parent/Guardian Name Printed

Today's Date

Signature of Parent/Guardian

Parent/Guardian Phone Number