

## Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

To: Crag X Indoor Climbing Centre Inc. ("Crag X") and its directors, officers, employees, representatives and agents (collectively called "the Agents").

I, \_\_\_\_\_ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by "Crag X" and/or "the Agents" including but not limited to: Climbing, top-roping, bouldering, un-roped climbing, roped climbing, belaying, lead-climbing and observing or being instructed in any of these activities (collectively referred to as "the Activities" and in further consideration of "Crag X" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement").
2. I acknowledge that "the Activities" **involve inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand the risks and dangers associated with my participation in "the Activities" and **accept same entirely at my own risk.**
4. I hereby waive any and all claims which I may have against "Crag X" and "the Agents" and release "Crag X" from all liability for injury, death, property damage or any loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by "Crag X" and/or "the Agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "Crag X", even though "the Agents" are not formal parties to "the Agreement".

**I AM 18 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "CRAG X" AND/OR "THE AGENTS" AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF MY CHILD/WARD.**

x \_\_\_\_\_

*Witness*

Date \_\_\_\_\_

\_\_\_\_\_  
*Print Name of Child or Ward*

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

*Name*

x \_\_\_\_\_

*Signature of Participant or Parent/Guardian*

\_\_\_\_\_  
*Print Name*

Date of Birth \_\_\_\_\_

*(participant)* *dd/mm/yy*

Address \_\_\_\_\_

*Street*

\_\_\_\_\_  
*Postal Code*

\_\_\_\_\_  
*Phone Number*