

YOUTH WAIVER

ASSUMPTION OF LIABILITY, RELEASE, INDEMNITY, AND RISK AGREEMENT

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of climbing include falls, equipment failure, bad decision making, inattentive belayers or spotters, and holds that have become loose or damaged by other climbers. I understand that there are freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them.

_____/_____ (Participant Initial / Parent Initial)

I agree to pay attention to the condition of the ropes, harnesses, hardware, anchors, and all equipment, and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply. _____/_____ (Participant Initial / Parent Initial)

I am physically fit and know of no medical or health reason why I should not participate in this activity.

_____/_____ (Participant Initial / Parent Initial)

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Kansas State University does not provide any medical insurance coverage for me while participating in this facility.

_____/_____ (Participant Initial / Parent Initial)

In consideration for being allowed to climb and/or boulder, I agree to assume all risk of personal injury, including paralysis and death, medical expenses, disability, lost wages, loss of earning capacity, and property damage and loss incurred while participating at the Chester E. Peters Recreation Complex. I further release and indemnify Kansas State University, the Kansas Board of Regents, and any of their agents and employees from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation in this activity, whether caused by the negligence of Kansas State University staff or other parties released. I understand this agreement is binding on my family, heirs, and executors, and shall continue to be binding if I turn 18 years of age.

_____/_____ (Participant Initial / Parent Initial)

I have read the above agreement and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older, or that my parent/legal guardian has read and signed as well. A parent/legal guardian signing below agrees to bind him/herself and the minor child by the terms of this agreement.

_____/_____ (Participant Initial / Parent Initial)

WRITING MUST BE CLEAR AND LEGIBLE FOR FORM TO BE PROCESSED

Parent Printed Name: _____

(Signature of parent or legal guardian of participant who is under 18 years of age)

Parent Signature: _____

Date: ____/____/____ **Parent Email:** _____

Participant's Printed Name: _____ **Gender:** Male Female

Participant's Signature: _____ **DOB:** ____/____/____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

City: _____ **State:** _____ **Zip Code:** _____