

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. _____ (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. _____ (INITIAL)

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

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Local Address: _____

Phone #: _____

City: _____ State: _____

Zip Code: _____

Student ID/Keytag #: _____

Email: _____

In case of emergency please contact:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

City: _____ State: _____

Zip Code: _____