

Ground Zero Climbing Gym
WAIVER FORM

I, the undersigned, acknowledge and agree that participating or observing in the activities sponsored by and or offered by **Ground Zero Climbing Gym** has inherent risks, including but not limited to top roping, lead climbing, and bouldering. Those risks include but are not limited to:

1. Injuries resulting from the fall of persons who may come into contact with me or from falls in which I may come into contact with other persons/objects.
2. Injuries resulting from myself falling into but not being limited to other persons, walls, structures, ropes, or the ground.
3. Injuries that occur resulting from **negligence** or lack of adequate training.
4. Injuries causing death resulting from the failure or negligent misuse of the facility, climbing walls, or any equipment of **Ground Zero Climbing Gym**, during top roping, lead climbing and or bouldering.
5. Injuries or death resulting from the failure of equipment, or poor judgement of any equipment, including but not being limited to ropes, carabiners, quick draws, bolt hangers, and any and all anchors.

I am aware of these and numerous other inherent risks in observing or participating in the activities offered and sponsored by **Ground Zero Climbing Gym**. 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 this agreement. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage I sustain, including PERSONAL INJURIES to me, damage to my property, or damage arising out of my death.

WARNING: This agreement is legally binding. By signing it you give up your right to recover compensation through the courts or otherwise, for any personal injury, damage to your property, or for your death, being caused by negligence, accident or otherwise.

I am aware of the potential risk and danger involved in climbing and belaying and waive and release **Ground Zero Climbing Gym** and all staff, volunteers, landlords, and owners of any liability relating to the use of **Ground Zero Climbing Gym**.

****I have read, understand, and agree to the above rules and conditions.****

Date: _____ Signature: _____ initials _____ witness _____

Climber's NAME: _____ AGE: _____

Emergency contact name/#:

**If under 18 years of age, PARENT OR LEGAL GUARDIAN MUST SIGN:*

Date: _____ Signature: _____