

G.P.R.C. CLIMBING GYM

Waiver Release

THIS IS A LEGAL DOCUMENT PLEASE READ THOROUGHLY.

ALL boxes must be filled out in order to climb. Thanks!

Initials of parent if under 18 OR Initials of participant if older than 18 years old.

Initial
Here

I understand that the participation in athletics and recreation involves the possible risk of death or personal injury. The use of the equipment, facilities, and premises of the Physical Activity Centre at Grande Prairie Regional College (herein known as "the college") by persons participating in athletics and recreation activities shall constitute acceptance of that risk regardless of the nature of that injury.

Initial
Here

The college, its officers, and employees shall not be liable for any death, injury, loss or damage sustained or suffered by persons participating in athletics or recreation activities at the college, whether caused either directly, or indirectly by the negligence or fault of the college, its officers, or employees. This waiver shall be binding upon all heirs and my personal representatives.

Initial
Here

I confirm that I have read and understand all the terms set out in this document; that I am 18 years of age; and that I am aware that this waiver and release is binding upon my heirs and personal representatives.

The personal information on this form is collected under the authority of Section 32 (C) of the freedom of information and privacy act.

IN WITNESS WHEREOF I have executed this document at the city of Grande Prairie in the Province of Alberta this:

<p>____ day ____ day of ____ month _____, ____ year ____</p> <p>_____ Signature of parent if under 18 OR PARTICIPANT</p> <p>_____ Print Name of parent if under 18 OR PARTICIPANT</p>	<p><i>G.P.R.C. Climbing Gym Staff only</i></p> <p>_____ Witness (Staff only)</p> <p>_____ Print Name (Staff only)</p> <p>Belay Test ____ By ____ Date ____</p> <p>Lead Test ____ By ____ Date ____</p>
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Client Information (Participant / Person who <i>will</i> be rock climbing) Please Print Clearly	
Name: _____	Date of Birth: _____
Address: _____	Phone Number: _____
City/Prov. _____	Postal Code: _____
Contact in Case of Emergency: _____	Phone Number: _____
How did you hear about G.P.R.C. Climbing Gym? _____	
Email Address (Please Print Clearly) _____	
Would you like to receive our Newsletter? <input type="checkbox"/> By Email <input type="checkbox"/> By Land Mail	
Please ensure that you have filled out all boxes with initials and signatures. Thanks!	