

Willy's Gym Rock Climbing
Acknowledgement of Risk
Assumption of Risks and Responsibility
Release Liability

WARNING: There are significant elements of risk in any adventure, sport, activity and training associated with a "Rock Gym" or "Climbing Wall" (referred to therein as "activity"), and the use of any and all equipment.

ACKNOWLEDGEMENT OF RISKS: I am aware that "Bouldering", "Top Rope Climbing", and "Lead Climbing" have inherent risks and dangers which may result in serious injury, death and personal property may be damaged. I acknowledge that this involves certain risks which cannot be eliminated without destroying the unique character of the activity. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity.

EXPRESS ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY: I have no medical conditions or physical impairment which during the use of the Rock Climbing Wall, safety equipment and related premises and apparatus, either with or without instruction, would pose any detriment to my health or well-being or would compromise the health or well-being of or be potentially injurious to any employee or agent of the "Willy's World Wellness & Conference Center", Goeroe's Goldens or Barbara Niggel individually or any member of the Public. I confirm that I am physically and mentally capable of participating in the activity and/or using the equipment. I am aware that I may experience fatigue, dizziness and dehydration, perspiration, muscle, tendon and/or ligament strain or soreness, cuts and bruises which may impair/diminish my reaction time, strength, dexterity or other ways that may increase the risk of an accident. I assume the risk(s) of personal and bodily injury, accidents, and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fracture or broken bones: eye damage: cuts, wounds, scrapes, abrasions, and/or contusions: head, neck and/or spinal injuries: shock, paralysis, and/or death: and acknowledge that if, during the activity, I experience fatigue and/or dizziness, my reaction time may be diminished and the risk of accident increased. I participate willingly and voluntarily and I assume responsibility for personal injury, accidents, illness (including death) of myself, other persons, and employees of WWWCC, LLC and any related expense. I also assume responsibility for accidents or injuries caused by any action or inaction or negligence of my belayer and/or equipment failure (including but not limited to: walls, holds, harness, rope, carabiners, belay device, anchors, floor cushion, etc.). I acknowledge that wearing appropriate clothing and footwear are basic safety precautions and that wearing a UIAA approved helmet may help prevent head injury and/or neck injuries.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my behalf.

COVENANT OF GOOD FAITH: I recognize that you, as a provider of equipment and/or services will operate under a covenant of good faith and fair dealing but that you may find it necessary to terminate an activity due to medical necessities or other problems, and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or equipments of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

RELEASE: In consideration of services and/or property provided. I, myself and any heirs, personal representatives or assigns do hereby release: Willy's World Wellness and Conference Center, and Goeroe's Goldens, its principals, directors, agents, employees, volunteers, and Barbara Niggel, and each and every land owner, municipal and/or government agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that is the result of gross negligence).

I have read and understand the foregoing Acknowledgement of Risk, Assumption of Risk and Responsibility of Liability. I understand that by signing this form I may be waiving valuable legal rights.

Name of Climber: _____ Today's Date: _____

Date of Birth: _____ Parents Name: _____

Climber's Signature (if under 18, Parent or Legal Guardian): _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone Number: _____

Emergency Contact: _____ Phone: _____