



Livermore Area Recreation & Park District
VALLEY ROCK, Climbing Gym
Participant Agreement, Waiver & Release Form

Participant's Name _____ Date of Birth ____/____/____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Activity # _____ Activity Name _____ Activity Date(s) _____

AGREEMENT, WAIVER, & RELEASE

In consideration for being permitted by the above district to observe/and or participate in the above activity, I hereby waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks (which include among other things: falling off the wall; loose and/or damaged artificial holds; rented equipment failure; falling to the ground, on other users, or being fallen on by other users; abrasions from the walls, ropes, pads, or the floor; equipment failure; belay and or belayer failure; climbing out of control or beyond ones personal limits; the negligence of other climbers, visitors, participants, or other persons who may be present; muscular skeletal injuries and/or over training: head injuries; or my own negligence) I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

I understand that wearing a helmet does not eliminate the danger of rock climbing but that in some instances it can reduce the risk of permanent injury or death. **I acknowledge that LARPD does not require participants to wear helmets but has them available for all participants at no cost and that it is my responsibility to ask for a helmet if I choose to wear one. Please initial:** _____

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in-said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense that they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Print Name _____ Relationship _____
(Participant or Parent /Guardian) (if signed by Parent/Guardian)

Signature _____ Date _____

Belaying Agreement and Safety Check

I, _____, recognize that belaying is a dangerous activity, and assume all responsibility for learning accurately how to perform this activity. I have read and signed the "VALLEY ROCK, Climbing Gym Participant Agreement, Waiver & Release Form" and I understand the nature of the sport I am engaging in. I will abide by Valley Rock Climbing Gym's safety policy and the rules of the facility. I recognize that the definition of belaying is to secure the climber, and I will do so in accordance with Valley Rock, Climbing Gym's standard procedures and as directed by staff. I also take responsibility for making sure that any belayer or climber with whom I participate in this activity is proficient in these skills.

Signature: _____ Date: _____
(Participant if over 18)

PARENTAL CONSENT:

I, _____, am the parent or guardian of _____. I have read the agreement above and am signing on behalf of the minor, and I hereby release the minor to participate in the activity of belaying.

Signature: _____ Date: _____
(Parent/Guardian)

To be completed by Valley Rock, Climbing Gym staff

The above participant has completed the basic belay safety course, and exhibits the following:

- _____ knowledge of how to put on and check the harnesses
- _____ proper knot construction (figure 8 and follow-through)
- _____ proper belay device handling (grigri)
- _____ proper knowledge of how to double check (harness, ropes, devices, and knots)

Signature: _____ Date: _____

The above participant has completed advanced belay training, and exhibits the following additional skills:

_____ proper handling of alternative belay device: _____

Signature: _____ Date: _____