## University of New Hampshire

## Outdoor Education Artificial Climbing Wall

## RELEASE/INDEMNIFICATION OF ALL CLAIMS AND COVENANT NOT TO SUE

Notice: This is a legally binding agreement. **PLEASE READ CAREFULLY.** By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property up to and including loss of life however caused arising out of your use of the UNH OE Artificial Climbing Wall or New Hampshire Hall, now or any time in the future.

I his form must be completed prior to participation on the chinbing wan.  [ame Phone ( )	· · · · · · ·				
	_				
.ddress					
mail Date					
cknowledgement of Risk:					
HEREBY ACKNOWLEDGE AND AGREE that the sport of rock climbing and the use of the					
NH OE Artificial Climbing Wall have INHERENT RISKS, and that <b>no form of preplanning can remove all of the dangers to thich I am exposing myself.</b> I have full knowledge of the nature and extent of all the risks associated with rock climbing and the se of the UNH OE Artificial Climbing Wall. These risks include, but are not limited to:					
All manner of injury resulting from falling off the Artificial Climbing Wall and impacting against the wall faces, projections, and tificial holds; whether permanently or temporarily in place, or impacting the floor beneath the Artificial Climbing Wall.	l				
Rope abrasion, rope entanglement and other injuries resulting from activities on or near the UNH OE Artificial Climbing Wall sus, but not limited to, climbing, belaying, rappelling, traversing, lowering on rope, rescue systems, and any other rope techniques.	ıcl				
Injuries resulting from falling climbers or dropped items, including but not limited to, ropes or climbing hardware.  Initial					
Cuts, abrasions, or bruises resulting from skin contact with the UNH OE Artificial Climbing Wall.  Initial					
Failure of ropes, harnesses, slings, quick draws, climbing hardware, anchor points, or any other part of the UNH OE Artificial Climbing Wall.  Initial					
Injuries resulting from human error, such as improper technique.  Initial					
further acknowledge that the above list is not inclusive of all possible risks associated with the use of the UNH OE Artificial					
limbing Wall and that the above list is no way limits the extent or reach of this release and covenant not to sue.					
Initial					
<u>selease/Indemnification and Covenant Not to Sue:</u> In consideration of my use of the Artificial Climbing Wall, I, the Undersigned User, on					
ehalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO AGREE TO RELEASE,					
NDEMNIFY AND HOLD HARMLESS The University of New Hampshire, its trustees, officers, agents, and employees (herein after	tei				
eferred to as the University) from any and all liability, cause of action, claims of any kind, or demand of any nature whatsoever,					
icluding but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now	N				
ave, or have in the future against the University on account of personal injury, property damage, accident of any kind, or loss of life	e				
rising out of or in any way related to my use of the UNH OE Artificial Climbing Wall, whether that use is SUPERVISED OR					
NSUPERVISED, however the injury or damage is caused, including, but not limited to situations where I have declined use of a					
elmet and signed the helmet waiver below, and the negligence of the University, its trustees, officers, agents, and employees.  I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the UNH OE Artificial	ı				
limbing Wall and that I am voluntarily assuming those risks. I understand that I will be solely responsible for any loss or damage,					
icluding loss of life, that I sustain while using the UNH OE Artificial Climbing Wall and that by this agreement I am relieving the					
niversity of any and all liability for such loss, damage, or death.					
I further certify that my use of the UNH OE Artificial Climbing Wall is entirely voluntary, that I have adequate health asurance to cover any injury or damage I may sustain while using it, that I meet the affiliation requirements for use of the UNH OE rtificial Climbing Wall, and that I am in good health and have no limitations that would preclude my safe use of the Wall.					
(Please check if this applies) I am of lawful age (18 years old or older) and otherwise legally competent to sign this					

CONTINUED ON REVERSE

I further understand that the terms of this agreement are legally binding, and I certify that I am signing this agreement, after having carefully read it, of my own free will.

	lause. I acknowledge	cknowledgement of Risk, t e that I have read and agre nbing Wall.			
Climber's Signature	Clin	mber's Name (Printed Clea	arly)	Date	
D.O.B. Cli	mber's Age				
In Case of Emergency, p	lease contact:				
Name		Relationship to Climber			
Phone Number(s) (	_)	()			
are therefore required in o not required - in indoor sit climbing, rescue scenarios situations, helmets are req	utdoor climbing progra mations except when the s, or any other situation uired.	eads of falling climbers, print ams where rock and other ite the climbing activity involves a where someone is working a specified situations set forti	ems are more l s: routesetting with droppab	likely to fall. The inspections, lead le objects above.	y are recommended - but climbing, mock lead In these specified indoor
nevertheless been offered brain damage or other inju	the use of a protective ary, and I am refusing t	helmet free of charge, which is safety precaution to wear decision in refusing this s	h in the event or a protective	of an accident cou e helmet for clim	ld prevent permanent
In the event that my acti- climbing or wear a helm		wall will involve a situation UNH requirements.	that require	s use of a helmet,	I will either cease
Climber must write "I ha	ave read and underst	and the above helmet waiv	er"	_	
Climber Signature				_	
(Please check if the below on my behalf.	his applies) I am a mi	inor (under 18), and ackno	wledge that r	ny legal guardian	n must sign this form
	<u>PER</u>	MISSION (For Participati	ion by Minor	)	
participation in the Progra	Insurance Agreement we hereby agree for m, to release, hold har	, we have read and under, and we grant our permissiourselves and our heirs to rmless, defend, and indemniand to be otherwise bound by	ion for assume all ris fy the College	sks involved with	to participate. In 's one is injured or killed as a
Date:	Par	ent signature:			
Date:	Par	ent signature:			
Date:	Gue	ardian signature:			