

UNIVERSITY OF MAINE SYSTEM
UNIVERSITY OF MAINE AT PRESQUE ISLE
Gentile Hall – Rock Wall - Release and Assumption of Risk
 Completed once a Year on File 8/31 to 8/31

Please PRINT all information clearly.

Climber Information (one form for each climber required)

Climber's Name: _____ **Date of Birth** ____/____/____

Parent or Legal Guardian's Name if Climber is under the age of 18 years: _____

Note: Parent or Legal Guardian's Signature is required in the last block on this form, if climber is under 18 years of age, prior to climbing. No climbing allowed without this signature.

Emergency Contact: _____ Phone # _____ or _____

Street Address _____ City _____ State/Province _____ Zip/Postal Code _____

I, either the above named individual or the parent or legal guardian of the above named minor individual acknowledge, declare and agree as follows:

That I have voluntarily agreed to allow myself or my minor child to engage in activities involving the use of the Gentile Hall Rock Wall, (the "GHRW") at the University of Maine at Presque Isle (University) and in consideration of being permitted to use the GHRW, do voluntarily execute this "Release and Assumption of Risk" on behalf of myself and my minor child his/her heirs; my heirs and next-of-kin, personal representatives and estate.

That I have been fully informed of the nature, scope and demands of the use of the GHRW, and I understand that such use may include activities which could be dangerous to myself or my minor child and other participants and which could cause property damage, bodily injury and/or death. Such dangers, hazards and risks of this activity may include, but are not limited to injuries inflicted by the following:

Abrasions, entanglements, and other injuries resulting from activities within the GHRW including but not limited to climbing, rappelling, ascending, descending, bouldering, and any other rope or climbing techniques or maneuvers – injuries resulting from falling or dropped items including but not limited to rope, climbing equipment, climbing holds/hardware, chalk, chalk bags, personal items, and other climbers – cuts, abrasions and burns resulting from contact with the climbing wall, bouldering wall, the floor, ropes, and/or other people – failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing wall, bouldering wall, or GHRW area – injuries caused through inappropriate technique or overuse including but not limited to tendonitis, strains, sprains, abrasions, bruises, dislocation, joint swelling, muscle aches, and fractures – other harm and injury, including shortness of breath, light headedness, resulting from increased heart rate, increased blood pressure, and strenuous physical activity.

I understand that the University has informed me that there may be dangers and hazards inherent to participants at the GHRW because of the activities involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to myself or my minor child or which myself/he/she may suffer or cause to others and for all damages or loss to any personal property owned by myself/him/her or damaged by myself/him/her, while participating at GHRW. I agree to indemnify, hold harmless and release the University, the University of Maine System, its Trustees, faculty,

employees, volunteers and agents from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my/his/her personal property, my/his/her personal injury or death, or the bodily injury, death or damage to personal property of others caused by him/her, which occur or result directly or indirectly from my/his/her participation at and the use of the GHRW, **INCLUDING, BUT NOT LIMITED TO, ANY AND ALL CLAIMS, DAMAGES, DEMANDS ACTIONS OR CAUSE OF ACTION RESULTING FROM THE NEGLIGENCE OF THE UNIVERSITY, ITS TRUSTEES, FACULTY, AGENTS, EMPLOYEES OR VOLUNTEERS.**

1. I understand that before I or my child starts any exercise program, I should consult with a physician. I declare that I/he/she is able to physically withstand and cope with the indicated rigors of the activities at the GHRW with or without a reasonable accommodation. If an accommodation is needed, I/he/she will contact Gentile Hall staff.
2. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby. This "Release and Assumption of Risk" shall remain in effect from the date hereof and on every occasion that I or my minor child participates at the GHRW. I acknowledge and accept responsibility for myself or my minor child's personal actions. I understand and accept that failure to comply with the GHRW safety policies and procedures may result in suspension and/or termination of me or my minor child's access privileges to GHRW.

In consideration for my use of GHRW, I acknowledge that I agree that myself or my minor child will abide by the GHRW policies as posted in the GHRW area. (Policies also available in individual printed format at the climbing wall or so published in the Gentile Hall Rules & Regulations booklet, copies available at the front desk.)

Adult Climber Consent:

_____/_____/_____
 Assented and agreed to: _____
 Signature of Climber (must be 18 years of age or older) Month Day Year

Adult Helmet Waiver – only sign if 18 years of age or older

I acknowledge and agree that I have been informed of the hazards, dangers, and potential injuries associated with climbing, belaying, and bouldering in the GHRW without a helmet. I understand that Gentile Hall will provide a helmet at no charge to use in the GHRW at any time, but I refuse the use of the helmet while using GHRW facilities and assume full responsibility of any injury, up to and including death that may result from not using a helmet in the GHRW

_____/_____/_____
 Assented and Agreed to: _____
 Signature of Climber (must be 18 years of age or older) Month Day Year

Minor Climber Parental or Legal Guardian Consent:

_____/_____/_____
 Assented and agreed to: _____
 Signature of Parent or Legal Guardian Month Day Year