



**DISCLAIMER:**

**BOSTON ROCK GYM IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE WATCHING OR PARTICIPATING IN ACTIVITIES AT THE BOSTON ROCK GYM FOR ANY REASON WHATSOEVER, INCLUDING NEGLIGENCE ON THE PART OF THE BOSTON ROCK GYM, THE LANDLORD OR ANY OWNER, MEMBER, EMPLOYEE, VOLUNTEER, OR AGENT OF BOSTON ROCK GYM OR ANY OTHER CLIMBER, VISITOR, OR PERSON PRESENT AT OR PARTICIPATING IN ACTIVITIES SPONSORED BY BOSTON ROCK GYM.**

In consideration of my participation, I hereby release and covenant not to sue Boston Rock Gym, the landlord, or any owner, operator, member, employee, volunteer, or agent of Boston Rock Gym, or any other climber, visitor, or person present at or participating in activities sponsored by Boston Rock Gym, from any and all present and future claims resulting from negligence on the part of Boston Rock Gym or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in Boston Rock Gym sponsored activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I am aware that climbing involves strength, coordination and balance and that I am likely to fall numerous times throughout my visit at the Boston Rock Gym. Fatigue and difficult climbing routes are the most likely cause for a fall, but hand holds may spin or break, also resulting in a fall. Further, I am aware of the following risks and NUMEROUS OTHER INHERENT RISKS in observing or participating in activities sponsored by Boston Rock Gym. These risks include, but are not limited to, death or serious injuries resulting from: Slips, trips, or falls while observing or participating in the activities sponsored by Boston Rock Gym; Collisions with other persons in the Boston Rock Gym; Ground falls or near-ground falls resulting from improper belaying (i.e. safety rope handling) technique; NEGLIGENCE of the owners, operators, employees, or volunteer assistants of Boston Rock Gym, other climbers, visitors, participants, or persons who may be present at Boston Rock Gym, designers, manufacturers, or installers of the facilities, climbing walls or equipment of Boston Rock Gym, landlord of Boston Rock Gym, those persons at Boston Rock Gym who, lacking adequate training, seek to assist with medical or other help either before or after injuries have occurred.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Boston Rock Gym and others listed for any and all claims arising as a result of my engaging in or receiving instruction in activities sponsored by Boston Rock Gym, or any activities incidental thereto. Wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Massachusetts, and agree that if any portion is held invalid, the remainder of the waiver will continue to be in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the Commonwealth of Massachusetts.

I affirm that I am of legal age and freely signing this agreement. I have read this form and the Boston Rock Gym Rules and Regulations and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the negligence of the Boston Rock Gym or any of the parties listed above.

\*\*\*\*\*PLEASE FILL OUT ENTIRELY AND LEGIBLY\*\*\*\*\*

PARTICIPANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT WITH PHONE # : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

\*\*\*IF PARTICIPANT IS A MNOR\*\*\*

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

(FOR STAFF ONLY)

CUSTOMER TYPE: YOUTH \_\_\_\_\_ BOULDERING \_\_\_\_\_ TOP ROPE \_\_\_\_\_ LEAD \_\_\_\_\_