

ALL CLIMBERS UNDER THE AGE OF 18 MUST HAVE THEIR PARENT OR LEGAL GUARDIAN COMPLETE AND SIGN THE LIABILITY WAIVER AND RETURN TO INSTRUCTOR ON THE FIRST CLASS OR DURING DROP-IN CLIMBING, IN ORDER TO PARTICIPATE.

The Corporation of the Town of Oakville Recreation and Culture Department
Indoor Rock Climbing Wall
Release from Liability and Assumption of Risk

I hereby give (PRINT FULL NAME) _____ permission to participate in the Town of Oakville, Recreation & Culture Department's indoor rock climbing program and/or drop-in time.

ASSUMPTION OF RISK: I am aware that the sport of indoor rock climbing has inherent risks and I have full knowledge of the nature and extent of the risks associated with rock climbing which may include but are not limited to:

- a. All manner of injury resulting from activities on or near the climbing wall such as, but not limited to, falling while using the indoor climbing wall and impacting against climbing wall faces, protruding ledges, wall supports, collision with the floor, or any other permanent or temporary fixture, or other persons;
- b. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, rappelling and other rope techniques;
- c. Injuries resulting from dropped items such as climbing hardware, ropes, holds or fall climbers;
- d. Cuts and abrasions resulting from skin contact with climbing wall or any other surface;
- e. Failure of ropes, harnesses, climbing holds, anchor points, or any part of the climbing wall;
- f. Failure to follow Queen Elizabeth Park Community & Cultural Centre ("QEPCCC") rock climbing wall instructions or failure to ask for information

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the QEPCCC rock climbing wall. I hereby acknowledge that I am responsible for the use of the facility and that such use is purely voluntary. I, therefore, accept all legal and financial responsibility for personal injuries, illness or property damage incurred or caused to any child, youth or adult as a result of my/my child's use of the facility.

I hereby release The Corporation of the Town of Oakville, its Councilors, officers, employees and agents, from liability for accidental injury or illness which I/my child may incur as a result of participating in the indoor rock climbing program and/or drop-in. I hereby assume all risks connected therewith and consent to participate in the indoor rock climbing program and/or drop-in. I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my/my child's ability to participate in the indoor rock climbing program and/or drop-in.

By signing below, I hereby acknowledge that I have read and understand all of the terms of this waiver. This waiver is valid for the year of 2024 only.

Participant's Name (PLEASE PRINT)

Participant's Signature (if 18 or older)

Parent/legal guardian Name (PLEASE PRINT)

Relationship (PARENT/LEGAL GUARDIAN)

Parent/legal guardian Signature

Date

Address

Phone Number (s)

Name of Witness/Staff (PLEASE PRINT)

Witness/Staff Signature

