



CLIMBING WALL LIABILITY WAIVER

4 Gauthier Drive
Essex Junction, VT 05446
Phone: (802) 879-7734
Fax: (802) 879-5794

www.edgevt.com

Release of Liability: THIS IS NOT A LEGALLY BINDING CONTRACT

By signing this release, I acknowledge there are inherent risks from using the climbing wall. I voluntarily agree to assume all risk of personal injury, including paralysis and death that may occur while I am at The EDGE indoor or outdoor climbing wall. This includes but is not limited to: poor decision making, actions of other climbers, failure of equipment, climbing holds which may have become loose or damaged, breaking a bone, falls from or contact with walls including on artificial surfaces, or accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all the possible risks associated with the use of The EDGE indoor and outdoor climbing wall, I agree that this list in no way limits the extent or release of this release. **I VOLUNTARILY ASSUME ALL SUCH RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE RISKS INVOLVED.**

I agree to pay attention to the staff and to the conditions of the anchors and the climbing equipment that I may be using as well as the condition of the ropes. I will report to a staff member any damage or concerns that I notice or see. I agree that I will follow any rules that are posted and any other additional rules presented by the staff. If a staff makes a specific request, I agree I will promptly comply to the request.

X	_____	_____
User's Signature		Date
X	_____	
User's Name		

Address		

City, State, Zip		

Birthday Date		Home Phone/Cell Phone
_____		_____

Email Address		

If User is under 18 years of age, Parent/Guardian Consent is required.		
I, as a parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in the Release Form.		
X	_____	_____
Parent/Guardian Signature		Date
X	_____	
Print Name		

Relationship to Climber		

Telephone Number in case of Emergency		