

**UNIVERSITY OF WASHINGTON  
DEPARTMENT OF RECREATIONAL SPORTS PROGRAMS  
INDOOR CLIMBING CENTER  
ASSUMPTION OF LIABILITY AND RISK AGREEMENT**

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of climbing include falls, equipment failure, bad decision-making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them.

I agree to pay attention to the condition of the ropes, harnesses, hardware, anchors, and all equipment, and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff makes a specific request of or instruction to me, I agree to comply.

I am physically fit and know of no medical or health reason why I should not participate in this activity.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the University of Washington, Department of Recreational Sports Programs, does not provide any medical insurance coverage for me while participating in this facility.

I agree to assume all risk of personal injury, including paralysis and death, medical expenses, disability, lost wages, loss of earning capacity, and property damages and loss incurred while participating at the Department of Recreational Sports Programs Indoor Climbing Center. I hereby release the University of Washington, the Department of Recreational Sports Programs, and any of its agents and employees from any loss, liability, damage, or costs, including court costs and attorney fees that they may incur due to my participation in this activity, whether caused by the negligence of the Indoor Climbing Center staff or other parties released. I understand this agreement is binding on my family, heirs, and executors.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(must also be signed by parent or legal guardian if participant is a minor under 18 years of age.)*

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

UW Student ID or Faculty/Staff UW ID# \_\_\_\_\_

**In case of emergency please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If under 18 years of age, participants must have his/her parent or guardian sign the Indoor Climbing Center Consent Form.**