CAMPUS RECREATION ROCK CLIMBING WALL
RELEASE FROM LIABILITY

To be completed by all participants. If participant is under nineteen (19) years of age, then parent or guardian must sign this release. Person signing must sign in the presence of one (1) witness.

In consideration of the University of South Alabama (USA) permitting my use of the rock climbing wall at the USA Student Recreation Center (USA SRC), I, in full recognition and appreciation of any and all risks, hazards or dangers inherent in this activity to which I may be exposed, do hereby acknowledge that there are many risks involved which could lead to my serious injury and/or death, and I agree to assume all of the risks and responsibilities surrounding participation in this activity. Those risks include, but are not limited to: falling off the rock climbing wall, either onto the ground, on other users, or on equipment; falling off the wall and hitting rock faces, equipment, or projections whether permanently or temporarily in place or on the floor; being fallen on by other users or being hit with equipment; loose and/or damaged artificial holds, the failure of equipment, whether rented or otherwise, including but not limited to ropes, slings, bolts, chains, climbing hardware, anchor points, or any part of the climbing wall structure; belay or belayer failure; the negligence of other users or my own negligence; abrasions from the wall, ropes, pads, other equipment or the floor; muscular or skeletal injuries, including over-training or over-use; and head injuries. I understand that the risks listed in this release do not represent all of the risks associated with rock climbing and that the above list of risks in no way limits the extent or scope of this release. I acknowledge that I have had the opportunity to ask questions to my satisfaction regarding this activity and associated risks.

I understand that the USA SRC has made approved climbing equipment available for my use and that if I choose to use my own personal climbing equipment, USA and the USA SRC are not liable for any injury caused by the use or failure of my personal equipment or for any damage to my personal equipment. I am responsible for checking, ensuring and maintaining the safety of any and all climbing equipment that I may use regardless of where I obtained the equipment. I accept the climbing equipment as is and use the equipment at my own risk.

I understand that the USA SRC and USA, its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property, whether caused by USA employees or any other individual present at or using the rock climbing wall. Further, I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the USA SRC and USA, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation which may result from causes beyond the control of, and without the fault or negligence of, the USA SRC and/or USA, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I understand that my participation in this activity is voluntary and not required by USA or the USA SRC. I understand that I AM NOT covered by any University health, accident, or liability insurance.

This release is valid for one year from the date of signature.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of ____________________, 20______.

__________________________________________  ___________________________________________
SIGNATURE OF PARTICIPANT    SIGNATURE OF WITNESS

__________________________________________  ___________________________________________
PRINTED NAME OF PARTICIPANT    PRINTED NAME OF WITNESS

__________________________________________  ___________________________________________
SIGNATURE OF PARENT/GUARDIAN (if applicable)  SIGNATURE OF WITNESS (if applicable)

__________________________________________  ___________________________________________
PRINTED NAME OF PARENT/GUARDIAN (if applicable)  PRINTED NAME OF WITNESS (if applicable)

**Birthday:**

**Shoe Size:**

**Circle One:**  Freshman Sophomore Junior Senior Grad  Faculty/ Staff Alumni Family Member Guest