



Level 2, 40 Third Ave, Blacktown NSW 2148

Telephone: 9678 9635 Fax: 9831 2356

ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: [ ][ ][ ][ ]

D.o.B: \_\_\_\_\_ Age: \_\_\_\_\_ Climbing experience: Indoors: [ ] Outdoors: [ ] No experience: [ ]

I request to use the facility above and agree to the following conditions:

- 1. ALL NEW CLIMBERS: must be instructed by SUMMIT staff on approved belay and safety techniques...
2. CHILDREN: Children under 16 must have parent/guardian consent...
3. UNROPE CLIMBING: IS NOT PERMITTED ON THE MAIN WALLS.
4. DRESS CODE: Comfortable non-restrictive clothing is recommended...
5. CONDUCT: For the enjoyment and safety of all, climbers please comply with staff instructions...

ACKNOWLEDGEMENT OF RISK

WARNING: This is an important document that will affect your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions, please ask.

I ACKNOWLEDGE that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I ACKNOWLEDGE & UNDERSTAND that whilst participating in such activity:

- I may be injured, physically or mentally, or may die.
My personal property may be lost or damaged.
Other persons participating in such activity may cause me injury or may damage my property.
I may cause injury to other persons or damage their property.
The conditions in which the activity is conducted may vary without warning.
I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the climbing centre operator.
There maybe no or inadequate facilities for treatment or transport for me if I am injured.
I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

IN CONSIDERATION of the acceptance of my payment for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE TO RELEASE and INDEMNIFY SUMMIT INDOOR CLIMBING CENTRE as follows:

- I participate in the activity at my sole risk and responsibility.
I release, indemnify and hold harmless Summit Indoor Climbing Centre, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in anyway whatsoever.

I ALSO AGREE THAT in the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against Summit Indoor Climbing Centre in respect of that injury or damage.

Before signing this document I have read and understood it and know that it affects my legal rights.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WHERE THE PARTICIPANT/S IS/ARE UNDER 16 YEARS OF AGE

I \_\_\_\_\_ being the parent or guardian of the person/s listed 1. \_\_\_\_\_
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

HEREBY ACKNOWLEDGE AND AGREE:

- I have read the whole of this document and understand it.
I consent to the person/s named in this acknowledgement and release participating in the activity and
I am aware of the risks, dangers and obligations set out above in this acknowledgement and release.

IN CONSIDERATION OF the person/s named in this acknowledgement and release being accepted to participate in this activity. I AGREE TO RELEASE and INDEMNIFY Summit Indoor Climbing Centre in the same manner and to the same effect & extent as if I were the person named in this acknowledgement and release and the person participating in the activity.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Card No: