HIDDEN PEAK CLIMBING GYM
@ LAKESHORE ACADEMY OF
ARTISTIC GYMNASTICS, INC.

WAIVER OF LIABILITY

I understand that climbing on the climbing wall at Lakeshore academy of Artistic Gymnastics, Inc. is dangerous. Any number of accidents may occur. In order to decrease the possibility of accident, I agree not to climb the wall unless a Wall Supervisor is present.

In consideration of my being allowed to use the climbing wall at Lakeshore Academy of Artistic Gymnastics, Inc., I hereby waive any and all claims and liability which I may have against Lakeshore Academy, its shareholders, officers, employees, agents, subcontractors, suppliers, or other customers using the wall in my presence, for injuries, losses or death, or other personal or property damages.

This release shall be binding upon my heirs, legatees, administrators, benefactors and personal representatives. If any part of this agreement is held to be invalid, the balance thereof shall continue in full legal force and effect.

I have read this document and understand that it is a full, irrevocable release. I also understand all terms and agreements set forth therein. By signing this document, I accept all of the above terms.

_____ _____
Signature of Climber, or parent if under 18 Date

Climber's Name_____ Age_____

Address_____ City_____

Zip_____

Phone #_____ Emergency Phone Contact_____

Physical Condition: Excellent___ Good___ Fair___ Poor___

Does climber have any physical or medical limitations which may affect his/her ability to participate in a strenuous sport such as rock climbing?_____
_____

Is climber taking any medication which may affect his/her ability?_____
_____