EKU CLIMBING WALL ASSUMPTION OF RISK/WAIVER

EKU Student ID#

Date

Print Participant Name

I desire to use the Eastern Kentucky University Climbing Wall, and I fully understand the dangers, hazards, and risks inherent in climbing, which include but are not limited to serious or even mortal injuries and property damage. Risks include equipment failure, falling climbers, and negligence of belayers, spotters, and other participants, among others. I understand that participation in climbing programs offered by the Eastern Kentucky University is based on the "Challenge by Choice" philosophy, recognize that the program is designed to use experiential, engaging, teaching techniques, but that participation is purely voluntary. At all times I will choose my level of participation in any activity. I understand that dead adequate time to read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the program. I agree to follow all rules and adhere to the climbing/bouldering policies in this document. I understand the employees of the EKU Fitness and Wellness center have received appropriate training, and I understand that climbing entails certarisks. I recognize that there are certain dangers, risks, and possible injuries which are inherent in and may result from participation on the climbing wall. I understand that despite the safety precautions taken by EKU, it is impossible to guarantee that any participant will not be injured. I will obe all rules, regulations and instructions of program personnel in an effort to minimize such risks. I am in good physical health and fitness such as to allow participation in the program. In the event of possible injury, I give permission for EKU to authorize the administration of emergency medical care to me. I must inform climbing wall staff of any existing medical conditions that might affect my safe participation in this program. I must inform climbing wall staff if I am allergic to any medications. I must inform climbing wall staff	<u>Instructions:</u> Please read this form carefully. Each participant m signatures, the individual may not be permitted to participate in parent or legal guardian sign for them.				
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Address City State Zip	Address	City	State	Zip	

PLEASE SIGN FRONT AND BACK OF FORM!!!



Climbing/Bouldering Wall Rules:

General Climbing Wall Rules:

- Climbing Shoes Only
- No Loose Chalk
- Remove rings and jewelry
- Empty your pockets before climbing
- Be courteous to other climbers
- Only staff may alter the wall
- All climbers must check in
- Personal harnesses must be approved by staff
- No food or drinks on the mats

Roped Climbing Rules:

- Check your knot, harness, and belay device
- Use proper commands (on belay, climbing, etc...)
- Do not climb over or under other climbers
- Report loose holds/issues to staff
- Tie long hair back when climbing and belaying
- Do not put fingers in bolt hangers
- Grabbing the top/sides of the wall is dangerous
- Bouldering climbers yield to roped climbers
- Are you on the right rope?

Bouldering Rules:

- Use spotters
- Don't go past the yellow line
- Do not sit/lay on the pads
- Know where you're going to land
- Don't hog the wall
- No top outs (occasional exceptions)
- Brush your chalk
- No dynos off the mats

STAFF RESERVE THE RIGHT TO DENY ACCESS TO THE WALL

I have read and agree to follow the above regulations while using the EKU Indoor Climbing Wall.

Signature:	Print Name:
Guardian Signature:	Print Name:

