



# Liability Waiver, Release of All Claims, Risk Assumptions and Indemnification Agreement

## Participant's Details: (Please use BLOCK LETTERS)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: MALE  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: NSW Postcode: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_ Home No.: \_\_\_\_\_ Email: \_\_\_\_\_ Activity updates via email: Y / N  
 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2019

**NOTE: Parent or Legal Guardian of under 18 participant to provide details and sign below.**

Climbing is Dangerous Recreational Activity with Obvious and Inherent Risks as defined by the Civil Liability Amendment (Personal Responsibility) Act 2002. YOU PARTICIPATE ON YOUR OWN FREE WILL AFTER UNDERSTANDING THE RISKS.

To ensure that you understand, please answer below by stating "Y" (for "Yes") to all points that you agree and "N" (for "No") to all points that you do not agree:

Questions	Y / N
1. I understand that there are risks of slips, trips, falls or painful crashes while using the facilities or equipment, climbing walls, floors below climbing areas, bathroom facilities, party rooms or stairs.	
2. I understand that injuries may result from falling, including but not limited to onto other persons, falling and coming into contact with any walls, structures or ropes, or falling to the floor.	
3. I understand that worst case injuries may result in death or permanent disabilities.	
4. I understand that climbing is physically demanding and may cause panic, hyperventilation or heart attack in susceptible people.	
5. I have been advised of the risks of climbing. I wish to participate and do so entirely at my own risk of injury or bodily harm to myself.	

I hereby release Clip 'N Climb Central Coast, Central Coast Rock Climbing, 365 Fit, Central Coast Leagues Club, the owner of the premises, and all staff and assistants of Clip 'N Climb Central Coast or any other persons involved in my participation at Clip 'N Climb Central Coast from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my participation.

I understand that this waiver is ongoing and will apply to all future occasions I climb at Clip 'N Climb Central Coast. I acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns.

## Under 18 Parent or Legal Guardian's Details Emergency Contact Details: (Please use BLOCK LETTERS)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Relationship with Participant \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: NSW Postcode: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_ Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2019

Please sign if Parent or Legal Guardian

CLIP 'N CLIMB MEMBER INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIP 'N CLIMB STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_