



## Open Bouldering Use Policies

**You are responsible for your own safety!**

**Considerations for your safety:**

1. Spotters encouraged.
2. Use a crash pad.
3. Avoid leg and ankle injuries by down climbing when possible rather than letting go at the top.

**Bouldering hours are subject to change in the event of private gym rentals without prior notice. In the case of a rental you may be asked to leave. Please reference posted schedule.**

**PLEASE INITIAL**

- \_\_\_\_ Report all injuries and facility issues to Department staff.
- \_\_\_\_ No climbing above the designated bouldering height limit of 13 feet or 4 meters. Hands must remain below height limit.
- \_\_\_\_ Roped climbing is not permitted during bouldering hours.
- \_\_\_\_ Bouldering hours are subject to change in the event of private gym rentals without prior notice. In the case of a rental you will be asked to leave.
- \_\_\_\_ Only chalk balls are allowed; no loose chalk. All chalk must be kept in a chalk bag.
- \_\_\_\_ No food or drink in the activity area.
- \_\_\_\_ No bare feet on the activity area.
- \_\_\_\_ Only closed toed shoes are permitted for climbing. No sandals.
- \_\_\_\_ Shirts are required at all times.
- \_\_\_\_ Be courteous and respectful of other climbers.
- \_\_\_\_ ***Violation of guidelines may result in your removal from the facility and suspension of all rec. center access.***

I, \_\_\_\_\_, acknowledge the above guidelines by my initials:  
PLEASE PRINT NAME

Thank you for helping take care of your climbing center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Female      \_\_\_\_ Male

- OSU Student
- OSU Faculty/Staff      OSU ID# \_\_\_\_\_

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- Community/Guest
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## OPEN BOULDERING - ASSUMPTION OF LIABILITY AND RISK AGREEMENT

I acknowledge that climbing is a dangerous activity with the potential for death, serious injury, and property loss. I realize that the inherent risks of climbing include falls, equipment failure, bad decision making, inattentive belayers, and holds that have become loose or damaged by other climbers. I understand that there are freakish accidents, and I assume all risks associated with such accidents, even though I cannot foresee them.

I agree to pay attention to the condition of the ropes, harnesses, hardware, anchors, and all equipment, and to advise the facility staff if I do any damage or notice any damage. I agree to abide by all gym rules, and if the facility staff make a specific request of or instruction to me, I agree to comply.

I am physically fit and know of no medical or health reason why I should not participate in this activity.

I give permission for the facility staff to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Oregon State University does not provide any medical insurance coverage for me while participating in this facility.

I agree to assume all risk of personal injury, including paralysis and death, medical expenses, disability, lost wages, loss of earning capacity, and property damages and loss incurred while participating at the DRS Indoor Climbing Center. I hereby release Oregon State University, the Department of Recreational Sports, and any of its agents and employees from any loss, liability, damage, or costs, including court costs and attorney fees that they may incur due to my participation in this activity, whether caused by the negligence of the ICC staff or other parties released. I understand this agreement is binding on my family, heirs, and executors.

I have read the above assumption of risk and fully understand its purpose. I willingly sign below and represent that I am 18 years of age or older.

### **WRITING MUST CLEAR AND LEGIBLE FOR FORM TO BE PROCESSED**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **REQUIRED INFORMATION – FORM WILL NOT BE PROCESSED WITHOUT INFORMATION BELOW:**

➤ Student ID # \_\_\_\_\_

➤ Email address: \_\_\_\_\_

➤ Phone #: \_\_\_\_\_

### **In case of emergency please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date entered into Rectrac: \_\_\_\_\_ Computer Operator (initials): \_\_\_\_\_