

**OREGON STATE UNIVERSITY  
DEPARTMENT OF RECREATIONAL SPORTS  
INDOOR CLIMBING CENTER  
YOUTH WAIVER**

**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, but are not limited to 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, anchors and all equipment and to advise the facility staff if I do damage or notice any damage. I agree to abide by all gym rules and if the facility staff make a specific request or instruction of me, I agree to comply.

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

I give permission for the facility staff to seek 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 pay 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 ORS Indoor Climbing Center. I hereby release Oregon State University, the Department of Recreational Sports the City of Corvallis and any of their 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 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, or that my parent/legal guardian has read and signed as well.

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

**Parent Printed Name:** \_\_\_\_\_

↓ (Signature of parent or legal guardian of participant who is under 18 years of age:) ↓

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Participants Printed Name:** \_\_\_\_\_ **Gender:** Male Female

**Participants Signature:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_