



ICC 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 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.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Local Address: _____

Phone #: _____

City: _____ State: _____

Zip Code: _____

Student ID # _____

In case of emergency please contact:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

City: _____ State: _____

Zip Code: _____



ICC WAIVER - ORIENTATION SAFETY CHECK FORM

Please Check Off Boxes & Print Legibly!

The individual is aware of the following:

- Proper use and wear of the harness.
- Ties figure eight follow through knot into harness.
- Positions locking carabineer and belay device.
- Double checks entire system by appropriate belay commands and visual inspections.
- Employs selected belay and lowering technique.

The individual recognizes and is aware of the following:

- Climbing is limited to climbing surfaces only.
- Judgment of appropriate rope for climbing.
- Climbing is limited to the wall area underneath the anchor.
- Swing trajectory of themselves and other climbers.
- Release and connection of directionals with ascent and decent.
- Not to tamper with the anchors or directionals.
- Belayers are required to use an endorsed mechanical belay devices at all times.
- Situations that require the use of floor attachments.
- Bouldering, spotting, and crash pad policies.
- Proper ID is required for use of the facility.

WRITING MUST BE CLEAR AND LEGIBLE FOR FORM TO BE PROCESSED

"I, _____ acknowledge that I am proficient in the above practices, and that I understand and will abide by the Department of Recreational Sports Climbing Facility rules and regulations. I have also read and signed the Assumption of Risk Agreement and understand the nature of the sport of climbing. I further understand that passing a skills check and climbing in this facility does not qualify me to climb outdoors."

Signature: _____ Date: _____

OSU Student

___ Female

OSU Faculty/Staff

___ Male

Community/Guest

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

Student ID#: _____ **Phone #:** _____

Email Address: _____

I certify that this participant has demonstrated to me proficiency in the above skills by taking and passing a skills check and orientation class on the date of this waiver.

ICC Supervisor (print name): _____ Date: _____

Signature: _____ Orientation Class & Skills Check

Date entered into Rectrac: _____ Computer Operator (initials): _____