

**ACKNOWLEDGMENT OF RISKS,
ASSUMPTION OF RISK & RESPONSIBILITY,
& RELEASE OF LIABILITY**



PHILADELPHIA ROCK GYM

422 Business Center / E-520N Circle Dr
Oaks, PA 19456 / 610-666-ROPE

WARNING: There are significant elements of risk in any adventure, sport, activity or training associated with a "rock gym" or "climbing wall" or "rock climbing" (referred to herein as "activity") and the use of any equipment.

ACKNOWLEDGMENT OF RISKS: I recognize that there is an inherent risk of danger in this type of activity. These risks may result in serious injury or death and include but are not limited to 1) Falls; 2) Risk associated with crossing, climbing or down climbing; 3) Equipment failure; and 4) My physical coordination, sense of balance, decision making, and ability to follow or give directions either as a "climber" or "belayer." I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that personal property may be damaged or lost and that wearing appropriate clothing and footwear are basic safety precautions.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any expenses as a result of my negligence or the negligence of any minor children for which I am responsible. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. I also assume risk for accident or injury caused by the negligence of my belayer whether such negligence is comparative or contributory.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, and/or spinal injuries, animal bite or attack, insect bite or allergic reaction, shock, paralysis, drowning, and/or death, and acknowledge that during the activity I/we may experience fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

COVENANT OF GOOD FAITH: I recognize that you, as a provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities, or problems in the group, and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with the respect to climbing objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness I incur while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: Philly Rock Corp., its principals, directors, officers, agents employees and volunteers, and each and every land owner, municipal and/or government agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever, (except that which is the result of gross negligence).

I HAVE READ AND UNDERSTOOD THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS FORM I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

DO NOT DETACH BOTTOM PORTION FROM ABOVE DOCUMENT

Participant's Name (Printed) _____ Home Phone _____ Work Phone (Optional) _____ Age _____

Date of Birth _____ Street Address _____ City _____ State _____ Zip _____
 ____ / ____ / ____

In an emergency, please notify: _____ Home Phone _____ Work Phone (Optional) _____
 (Full Name): _____

Do you have any medical conditions/restrictions: Yes No If yes, what are they: _____

Signature of participant (if participant is over 18) _____ Date: ____ / ____ / ____

Signature of parent/guardian (if participant is under 18) _____ Date: ____ / ____ / ____

PRG STAFF USE - DO NOT FILL OUT

[] Lesson Instructor _____ [] Climb Only [] Test Pass [] Fail [] [] Group Date ____ / ____ / ____

NOTES: _____