

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## CLIMBING WALL RELEASE FORM

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Email Address: \_\_\_\_\_

Please tell us where you live:  Within Town of Chapel Hill  Carrboro  Orange County  Non-resident

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Phone #3 \_\_\_\_\_

Are you allergic to any medications? If yes, please list here: \_\_\_\_\_

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended prior to participation. I hereby assume all risk and hazards incidental to participation in the **Climbing Wall** program, including transportation to and from all activities and, do so hereby waive, release, absolve, indemnify, and agree to hold harmless the Town of Chapel Hill, its officers, agents, and employees, the Parks and Recreation Commission, the coaches, and co-sponsors from any claims arising out of any injury to the above named participant. I acknowledge that I am aware that the risks in the **Climbing Wall** program include possible permanent disability or death. I further certify that I am physically fit to participate in this program or activity and that I have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

**Initial each statement below (parents/guardians must initial for minors).** This is required prior to climbing on the wall.

\_\_\_\_\_ I understand that improper use of gri-gri belay devices may cause serious injury or death. I agree to use this device in a manner approved by the Town.

\_\_\_\_\_ I understand that the use of properly tied Figure 8 Follow Through knots are required and that use of other knots may result in injury or death.

\_\_\_\_\_ I understand that all harnesses used must be UIAA approved, that all webbing passed through buckles must be doubled back, and that ropes must be attached to harnesses in a manner approved by the Town. Failure to follow these procedures could result in injury or death.

\_\_\_\_\_ I understand that all climber/ belayer teams are REQUIRED to examine each other's harness, rope, knot, and belay device prior to the climber leaving the ground. I understand that failure to perform this examination could result in injury or death.

**Optional - Helmet Waiver – I choose NOT to wear a helmet**

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

Signature: \_\_\_\_\_ If Parent/Guardian, print your name here: \_\_\_\_\_

I recognize the risk of injury inherent in this activity. I realize that no form of pre-planning can remove all of the danger to which I am exposing myself. I have been offered free use of a protective helmet, which may prevent permanent brain damage in the event of an accident. Against the advice of the staff of the Chapel Hill Community Center Climbing Wall, I am refusing this critical safety precaution. I understand that, at any point in the future, this equipment can be made available, upon my request.

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

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

If Parent/Guardian, please print your name here: \_\_\_\_\_

For office use only: Belay Tested: \_\_\_\_\_ (staff initials) Date: \_\_\_\_\_

Desk/ paid for test: \_\_\_\_\_ (staff initials)

