

EMU Indoor Climbing: Agreement to Participate (under age 18)

In agreeing to participate in indoor climbing at Eastern Mennonite University, I acknowledge that certain injuries are possible. These include but are not limited to:

- Minor or major bone fracture Rope burn
- Scrapes, abrasions, lacerations Head or body bumps, bruises
- Muscle, tendon, or ligament strains or sprains

These might be caused by:

- Slips, falls, and other gravity-related mishaps Equipment failure
- Overstraining, or exceeding physical limitations Human error (belayer, climber)
- Disregard for guidelines, rules, and standard practice Ignorance or inattention
- Environmental hazard (splinters, chalk dust, etc.)

I acknowledge the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding other participants accountable to those practices. My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

Participant’s Name _____ DOB _____

Address _____ Ph. No. _____

Participant’s Signature _____ Date _____

Parent’s Signature _____ Date _____

EMU Indoor Climbing: Agreement to Participate (under age 18)

In agreeing to participate in indoor climbing at Eastern Mennonite University, I acknowledge that certain injuries are possible. These include but are not limited to:

- Minor or major bone fracture Rope burn
- Scrapes, abrasions, lacerations Head or body bumps, bruises
- Muscle, tendon, or ligament strains or sprains

These might be caused by:

- Slips, falls, and other gravity-related mishaps Equipment failure
- Overstraining, or exceeding physical limitations Human error (belayer, climber)
- Disregard for guidelines, rules, and standard practice Ignorance or inattention
- Environmental hazard (splinters, chalk dust, etc.)

I acknowledge the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding other participants accountable to those practices. My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

Participant’s Name _____ DOB _____

Address _____ Ph. No. _____

Participant’s Signature _____ Date _____

Parent’s Signature _____ Date _____