Name: __________________________ KUID (7-DIGIT): ________________

1. Warning: By signing this agreement, you give up all rights you may have to recover compensation through the courts or otherwise, for any personal injuries, damage to your property, or for your death arising out of your using the facilities of the UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL and/or out of your observing or participating in the activities sponsored by UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL, even if your injuries or damages are caused by the negligence of the person(s) being released. You will be assuming responsibility for all risks, whether foreseeable or not, connected with your presence at the facilities or activities of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL. Be sure that you have read and understood this agreement before signing it.

2. I understand and acknowledge that sport climbing activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate, including but not limited to injuries or death resulting from failure or negligent misuse of the facilities, climbing walls or equipment of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL; injuries resulting from slips, trips, or falls while observing or participating in the activities sponsored by UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL, including but not limited to, injuries incurred while using the climbing walls, the bouldering area, or the floor below the climbing walls; injuries resulting from the fall of other persons who may come in contact with me or from any falls in which I come in contact with other persons, the artificial walls or the floor; injuries resulting from climbing on, or falling off, loose and/or damaged artificial holds, the artificial climbing surfaces and structures, nor the failure of any of the above; injuries resulting from my own negligence or the negligence of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL employees in giving adequate warning and instruction.

3. I understand that indoor artificial rock climbing in no way prepares me to climb on natural rock. I further understand the importance of receiving proper outdoor instruction before pursuing outdoor climbing activities.

4. My participation in this activity is voluntary, and I elect to participate in spite of the said risks to my property and myself.

5. I hereby release and discharge the UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL, the designers and engineers, manufacturers, installers or distributors of the artificial walls, all staff members, facilities or equipment of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL from any and all claims and liabilities arising out of any negligence whatsoever which causes injury to me or to my property, or which cause my death, while I am observing and/or participating in activities sponsored by UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL, or while I am using the facilities of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL.

6. I have read and understand all rules of the KU Rock Climbing Wall.

I have read the foregoing Release of Liability and understand that by signing below I am giving up my right to bring legal action against the Released parties, which include but are not limited to The University of Kansas, and/or the Office of Recreation Services, the State of Kansas, Kansas University Athletic Corporation, or their employees, including my right to a jury trial, for personal injuries, death or property damage arising out of the use of the sport climbing facilities of UNIVERSITY OF KANSAS RECREATION SERVICES CLIMBING WALL. I assume complete responsibility for all risks even if they are not foreseeable at the time I sign this agreement. By voluntarily assuming the risks involved, I will be solely responsible for any loss or damage I sustain, including personal injuries to me, damage to my property, or damages arising out of my death.

Signature of participant: __________________________ Date: __________

Signature of Parent or Guardian: __________________________ Date: __________

Phone Number __________________ Email: __________________________

Emergency Contact Information

Person to notify in case of emergency: __________________ Phone Number: __________________

Relationship __________________
For Staff Use Only - - Climbing Safety and Belay Certification Check

Tester's Name ______________________ Date: _____________________

New Climbers and Recertification:

PRIOR TO BELAY TEST (Initial upon satisfactory completion)

_____ Climber has read and understands gym rules for top-rope and bouldering area (found on bulletin-board in Rental Area)

_____ Understands differences in harnesses, especially differences in tie-in locations

_____ Staff explains the difference between the friction bars and carabiners that the ropes run through at the top of the wall. Staff also explains the use of daisy clip-ins at the base of the wall.

_____ Participant demonstrates a satisfactory figure eight follow through knot with a double looped safety knot at least three times.

BELAY TEST

Climber

Secure harness properly. (doubles webbing back through buckle!)

_____ Tie-in properly with figure 8 knot to correct point in harness. (min. tail - 6 inches)

_____ Inspects belayer's harness, ensure that the Gri-Gri is properly threaded and locking carabiner is closed and then loosened ¼ turn. Demonstrates proper communication with belayer. Checks to see that ropes are not twisted.

_____ Displays the appropriate climbing commands (Take, Give, On Belay, Climbing)

Belayer

Sets up Gri-Gri properly and secures locking carabiner. Inspects climber's harness, tie-in point and figure 8 knot. Demonstrates proper communication with climber before allowing the climber to climb and before lowering the climber.

_____ Eliminates slack without ever removing brake hand from the brake rope.

_____ Catches climber safely on one or more impromptu falls with a staff member back up belay if feasible.

_____ Understands the proper use of lever on Gri-Gri when lowering and SAFELY lowers climber to ground, controlling the speed of decent with the Gri-Gri’s lever, not their hand.

_____ Displays the appropriate belay commands (Belay On, Climb On, Lowering)

CERTIFIED: YES NO (circle one)

Staff comments: ________________________________________________________________
________________________________________________________________________________

Staff Member Signature _______________________________________________________

I have attended a belay clinic provided by The University of Kansas Climbing Wall staff and/or demonstrated my skills. I understand what is expected of me to use this facility. I understand and know how to tie a figure eight follow through knot and can recognize when it is tied incorrectly. I understand the correct way to use a Gri-Gri and am capable of belaying other climbers safely. I can recognize when a Gri-Gri is set up incorrectly, and can also recognize when a person is belaying incorrectly. I have read the rock climbing rules as posted in the rental area. With this training I realize that I have a responsibility to help the ODP staff in upholding a safe environment within the Chalk Rock facility.

I realize that my Climbing Certification may be revoked if I fail to maintain these standards.

Participant Signature ___________________________________________________________