

**RELEASE OF LIABILITY WAIVER INDEMNITY AGREEMENT
PARTICIPATION IN INHERENTLY DANGEROUS ACTIVITIES**

I, _____, (DATE OF BIRTH: _____) AM AWARE THAT ALL TYPES OF CLIMBING, AND CLIMBING RELATED ACTIVITIES, INCLUDING BUT NOT LIMITED TO ROCK CLIMBING, RAPPELLING, AID CLIMBING, GYM CLIMBING, BOULDERING, ICE CLIMBING AND MOUNTAINEERING AS WELL AS TRAVEL IN AND AROUND MOUNTAINOUS TERRAIN AND OTHER CLIMBING RELATED ACTIVITIES ARE DANGEROUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY AND DEATH.

Release executed on _____ (date), by _____ (name of applicant), of _____ (address of applicant)

City of _____, County of _____, State of _____.

In consideration of being permitted to participate in rock climbing, rappelling, aid climbing, gym climbing, bouldering, ice climbing, mountaineering or travel in and around mountainous terrain with or conducted by Rocktown Climbing Gym and Outdoor Guiding Staff or its officers or members, I for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge Rocktown Climbing Gym and Outdoor Guiding Staff, its officers and members, from all liability to me, my spouse, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting there from, on account of injury to my person or property, even injury resulting in my death, whether caused by the negligence of Rocktown Climbing Gym and Outdoor Guiding Staff, its officers or members, or otherwise, while I am participating in rock climbing, aid climbing, gym climbing, bouldering, ice climbing, mountaineering, travel in and around mountainous terrain or any activity associated with Rocktown Climbing Gym and Outdoor Guiding Staff.

I agree to indemnify Rocktown Climbing Gym and Outdoor Guiding Staff, its officers and members, from any loss, liability, damage or cost they may incur due to my presence in an area in which rock climbing, rappelling, aid climbing, gym climbing, bouldering, ice climbing, mountaineering or travel in and around mountainous terrain occurs, whether caused by the negligence of Rocktown Climbing Gym and Outdoor Guiding Staff, its officers or members, or otherwise.

I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence of Rocktown Climbing Gym and Outdoor Guiding Staff, its officers or members, or otherwise, while in any area in which rock climbing, rappelling, aid climbing, gym climbing, bouldering, ice climbing, mountaineering or travel in and around mountainous terrain occurs and while working for any purpose or participating in any manner in rock climbing, ice climbing, mountaineering or travel in and around mountainous terrain. I release Rocktown Climbing Gym and Outdoor Guiding Staff, its officers and members of any responsibility for any risk of bodily injury, death or property damage that I may generate while participating in any club related function. Risks that I may generate include but are not limited to offering skills training, providing others with the use of campgrounds or equipment, providing illegal or otherwise improper medical treatment and creating hazards such as rock fall, ice fall or avalanches.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

In witness whereof, I have executed this release at _____ (place of execution) the day and year written above.

Signature _____

Witness _____ Date _____

MEDICAL CONSENT FORM

I, _____ hereby consent to any first or second aid, or any hospital care or medical or surgical diagnosis or treatment to be rendered to me, as found advisable, that may arise from my participation in activities with Rocktown Climbing Gym and Outdoor Guiding Staff.

I understand and agree that I am solely responsible for all appropriate charges for such services.

Are there any existing medical conditions or other special considerations of which we should be aware that might in any way effect first aid treatment?

Are you allergic to any medication?

Medical emergency contacts:

I acknowledge that this information will be made available to Rocktown Climbing Gym and Outdoor Guiding Staff to allow them to provide proper first aid treatment to myself should the need arise. I understand that this information may not be available to other trip participants or staff when participating in any given activity and therefore I should assure that others have this important medical information.

Signature _____ Date _____

Option to decline release of information

I, _____ prefer to not have this information released and understand that it is my responsibility to assure others have this information when participating in any given activity.

Signature _____ Date _____