



**PRINT NAME:** \_\_\_\_\_

**DAY KB CLASS CARD WAIVER-CARD**

## **WAIVER AND RELEASE OF LIABILITY**

PACIFIC EDGE-104 BRONSON STREET, SUITE 12 SANTA CRUZ, CA 95062

Phone (831) 454-9254 Fx. 454-9269

**Warning:** There are significant risks present in rock climbing, artificial wall climbing, use of saunas, and use of waight equipment.

**Express Assumption of Risks:** I, the undersigned, am aware that there are significant risks involved in all aspects of climbing. These risks include but are not limited to: falls which can result in serious injury, or death, injury or death due to negligence on the part of myself, my belayer, or other climbers (**CHOOSE YOUR PARTNER[S] AT YOUR OWN RISK!**), injury or death due to improper use of, or failure of equipment, injury or death due to **hand holds** that **spin** or **break**. I am aware that there are health and injury risks involved in using saunas and lifting weights. Any of these risks may result in serious injury to myself or my partner.

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at Pacific Edge. **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endager myself or others.**



**Initials:** \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Pacific Edge, I, the undersigned hereby release: Pacific Edge, Stoveleg Enterprises and its officers, Richard Novak, and the Seabright Station Partnership, their principals, agents, officers, employees, and volunteers, the City of Santa Cruz, and Santa Cruz City Schools, their employees and agents from any and all libility, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

**Indemnifidcation:** Should the above mentioned parties or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees or costs.

I HAVE READ AND UNDERSTOOD THE FOREGOING ASSUMPTION OF RISK, AND RELEASE OF LIBILITY.

I UNDERSTAND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS.



**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Warning:** Children of belay age/ certification, will be choosing climbing partners at their own risk and judgment. Pacific Edge makes no warranty as to the competence of people climbing in our gym.

If the Participant is under the age of 18,



**Signature of Parent of Guardian:** \_\_\_\_\_

**(Parent) Print Name:** \_\_\_\_\_



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# PERSONAL INFORMATION

Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_

In the event of an accident, Pacific Edge will always summon an ambulance. It is your responsibility to accept or refuse help of the ambulance personnel.

In case of emergency, I would like Pacific Edge to call: \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

This person is my: (parent, friend, spouse, etc.): \_\_\_\_\_

How did you find out about Pacific Edge?

Climbing/ Rock and Ice Magazine \_\_\_\_\_ Sentinel \_\_\_\_\_ Good Times ad \_\_\_\_\_

Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ TV \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Other (How?) \_\_\_\_\_

How long have you been climbing? \_\_\_\_\_

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## OFFICE USE ONLY

NON-BELAYER \_\_\_\_\_ TOP ROPE \_\_\_\_\_

LEAD \_\_\_\_\_ LEAD-BELAY \_\_\_\_\_

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