

APPENDIX B

UNIVERSITY of
NORTHERN COLORADO



Campus Recreation

Informed Consent Form

University of Northern Colorado, Campus Recreation Climbing Wall
Assumption of Risk Statement & Agreement to Participate

I am aware that participating in climbing or wall climbing can be a dangerous activity involving **MANY RISKS OF INJURY**. *I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: climbing on, or falling off, loose or damaged artificial hold; falling to the ground or onto other participants, or being fallen on by other participants; abrasions from the walls, ropes, or the floor; equipment failure, belay failure, or climbing out of control or beyond one's personal limits; the negligence of other climbers, visitors, participants, or other persons who may be present, or my own negligence.*

I understand that the dangers and risks of participating in wall climbing include, but are not limited to, death, serious neck and spinal injuries (which may result in paralysis), and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks involved in wall climbing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and to enjoy life in general.

Because of the potential dangers of participating wall climbing, I recognize the importance of following the supervisor's instructions regarding belaying, climbing, and wall rules. Moreover, I agree to obey such instructions.

I have read and understood the aforementioned safety policies regarding the indoor climbing wall. I hereby assume all the risks associated with participation and agree to hold the University of Northern Colorado, its employees, agent's representatives, and volunteers harmless from any and all liabilities. If I do not understand, I will ask for further explanation from a staff member so that I clearly understand each policy and what is expected of me.

Name (please print)

Signature _____

Date _____

Parents or Guardian's Signature _____

Date _____

(If under 18)