

Month: _____ Day: _____

The Bouldering Garden
573-489-4997

Time: _____ - _____

Adult / Parent's Name: _____ AGE: _____ Cell Phone: (_____) _____

Email Address (printed): _____

Participant 1: _____
AGE: _____ BIRTHDAY: _____

Participant 2: _____
AGE: _____ BIRTHDAY: _____

Emergency Contact: _____ Phone: (_____) _____

Do you have medical insurance? Yes No Do you have any medical conditions? Yes No Explain: _____

2020 Participant Rules, Agreement & Acknowledgment of Risk

PLEASE INITIAL AND COMPLETE EACH LINE BELOW

- ____ 1. I UNDERSTAND RISK IS INVOLVED and understand that this is an assumption of risk, release waiver, contract.
- ____ 2. I agree to follow, or help my child follow, all gym rules and additional instructions provided inside or outside the climbing facility.
- ____ 3. I want to participate and agree to my child's participation despite knowing the possibility of injury.
- ____ 4. I have read all the participant rules, understand the rules, agree to explain the rules, and follow the rules during participation.
ALL PARTICIPANTS MUST CHECK IN WITH FRONT DESK, SIGN A WAIVER, THEN READ AND FOLLOW ALL PARTICIPANT RULES.
KIDS MUST HAVE AN ADULT CLIMBING WITH THEM OR INSTRUCTORS ARE REQUIRED DURING PARTICIPATION.
DO NOT CLIMB ON THE CEILINGS WITHOUT A ROPE, INSTRUCTOR, BELAYER, SPOTTERS, OR GYM SAFETY PADS.
DO NOT MOVE BASE LAYER OF GYM MATS. TOP FLOATING, SAFETY PADS ARE TO BE USED FOR ADDED PADDING.
DO NOT CLIMB OVER, OR UNDER, ANOTHER PARTICIPANT. DO NOT WALK UNDER, OR PULL ON, A CLIMBING PARTICIPANT.
DO NOT JUMP FROM THE CLIMBING WALL OR ANY LOW ROPE ACTIVITIES. BE AWARE OF SPOTTERS AND PARTICIPANTS.
DO NOT MOVE, OR REMOVE, HOLDS, TAPE, OR ANY OTHER KIND OF CLIMBING GYM AND ROUTE MARKINGS.
YELLOW MEANS YIELD, SO DO NOT CLIMB USING ANY PART OF THE BUILDING OR CLIMBING WALL PAINTED YELLOW.
BRING ANY AND ALL HAZARDS TO THE ATTENTION OF THE CLIMBING WALL ATTENDANT OR INSTRUCTOR.
DURING YOUR PARTICIPATION, MUSIC, OR ANY OTHER PROTECTED MEDIA, SHALL NOT BE PLAYED IN THE FACILITY.
ROCK CLIMBING OUTSIDE: DO NOT WALK OR STAND CLOSE TO THE CLIFF EDGE OR UNDER CLIMBERS. LISTEN TO INSTRUCTIONS.
DO NOT SHARE, PLAY, OR LISTEN TO, ANY PRIVATELY OWNED, PROTECTED, OR OFFENSIVE MEDIA DURING GYM PARTICIPATION.

____ 5. By signing in below and or completing required contact information, you ("the participant") demonstrate your willingness to participate in the sport of indoor and outdoor rock climbing at, or with, Altitude Investments LLC, dba **the Bouldering Garden**, and acknowledge the inherent risks that come along with the sport of rock climbing, rappelling, skydiving, sailing, scuba, kayaking and other related activities. These risks include but are not limited to death and or dismemberment. You are demonstrating that you understand and are aware that indoor rock climbing at, or with, the Bouldering Garden, like many sports, is a potentially hazardous activity that can produce injuries, during normal activities, that include, but are not limited to, abrasions, cuts and bruises, broken bones, tendinitis, emotionally traumatic repercussions from a possible fall, acrophobia attacks, heart attacks, and concussion. You are further acknowledging that you understand that there are also other remote risks that may be associated with attending a climbing activity. Thus, by initialing each line, or signing below, you are activating this release waiver contract and demonstrate your willingness to participate despite knowing the possibilities of injury to yourself or your loved one.

____ 6. By signing below, you are at this time, acknowledging that all of your questions have been answered to complete satisfaction concerning risks involved and want, as the parent or guardian, of allowed participants, to participate, despite this fully disclosed discussion of risks describe within, but not limited to, this document. You're stating that you are participating at your own risk and will not hold Altitude Investments LLC, the Bouldering Garden, or its owner's, staff, volunteers, or land owners liable for any situations that arise due to your negligence, misbehavior, any accidental faulty equipment, or misjudgment, on behalf of the Bouldering Garden, or its owner's, staff, volunteers, or certified belayers. Furthermore, you understand that, any and all, legal expenses shall be paid by you, the participant, or guardian of said participant, are acknowledging your understanding and responsibility to pay, any and all, medical expenses which may occur during, or as a result, of participation. Additionally, you are acknowledging that you understand fully your responsibility to help keep those around you safe, help others to have fun, acknowledge the need to reduce your potential risk of injuring others, or yourself, and agree to the risk of legal repercussions due to your own actions.

____ 7. By signing below, you are further acknowledging and agree that the Bouldering Garden and property owners reserves the right to deny or relinquish participant privileges, and or entrance to the facility, for any reason. You further understand that horseplay, misbehavior, breaking of rules, foul language, and non-compliance, or non-compliant, with any staff recommendations could result in the termination of your facility privileges. You also understand that smoking, foul language, unapproved fighting, unapproved weapons, and alcoholic beverages are prohibited on the premises.

____ 8. My signature below, acknowledges, that I, (Print Name) _____, am at least eighteen (18) years of age, am my own guardian and or guardian of said participants, on the date of, (Date) _____ - _____ - _____, have fully had the opportunity to read, have read and fully understand the information contained herein, therefore agree to the terms, understand the potential risk of serious injury, or death, as a result of my participation, or the participation of those for which I am guardian, am at least 18 years of age, have medical insurance coverage, assume liability for actions, and waiver my right to sue Metamorphic Forms, the Bouldering Garden, or its owner's, staff, volunteers, students, certified belayers, members, or property owners. (Parents & Guardians Signatures are required if participant is under the age 18 and or cared for by a guardian)

9. Name / Parent: _____ Signature: X _____ Date: _____

10. Address: _____ City / State: _____ Zip: _____

Trainer/ Instructor (Payment Information Below)

Check Type: Reservation ___ Monthly Member ___ Adult Gym Pass ___ Student Gym Pass ___ Youth Gym Pass ___ Coupon / Gift Pass ___

	Instructor Fee	Subtotal	Tip Amount	Adjusted Subtotal
Gym Intro:	_____ + \$15 x _____ (# of Participants) + Rentals + Tax = Subtotal \$ _____ + Tip \$ _____ = \$ _____			
Group/Class:	\$50.00 + \$15 x _____ (# of Participants Event Day) + Tax = Subtotal \$ _____ + Tip \$ _____ = \$ _____			
Reservation Fee:	Paid: _____ #RSVP: _____ Ages: _____ Event Date: _____		(TIP) + _____ (CREDIT) - _____ (COUPON) - _____	
Payment:	Cash / Check / Visa / MC / Amex Exp Date: _____ Code #: _____ Address #: _____ Zip: _____		Retail Purchases + \$ _____	
STAFF / COACH:	_____		Payment Total = \$ _____	

Directions: Take I-70 to Exit 131, Turn South and go 1/8th mile to traffic light & station. Just through light, on the left.