

## Texas Tech University Climbing Wall Release of all Claims

### Acknowledgment of Risk

I hereby acknowledge and agree that wall climbing and the use of the Texas Tech University climbing wall has inherent risks. I have full knowledge of the nature and all risks associated with wall climbing, including but not limited to:

1. All manner of injury resulting from falling off the climbing wall and impacting against the walls or floor.
2. Injuries resulting from being dropped to the floor during lowering on rope, belaying and rope handling techniques, and
3. Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the climbing wall structure.
4. I understand that helmets are provided free-of-charge for use while wall climbing, and that a climbing helmet worn correctly is designed to provide a measure of protection for the top of the head, primarily from falling objects, which can reduce the risk of certain injuries. I understand that by choosing to not wear a helmet, I am exposing myself to an increased risk.

### Release of All Claims

In consideration of my use of the Texas Tech University Climbing Wall, I \_\_\_\_\_, the undersigned user agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns **HEREBY DO RELEASE** Texas Tech University, its officers, agents, and employees from any cause of action, claims or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors and assigns may now have, or have in the future against the University on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall, whether that use is supervised or unsupervised.

In consideration of my use of the Climbing Wall I, the undersigned user, agree to **INDEMNIFY AND HOLD HARMLESS** Texas Tech University, its officers agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I recognize that I have hereby been provided the opportunity to ask a climbing wall staff or supervisor for clarification on any aspect relating to climbing at the TTU facility. I understand that I will be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement I am relieving the University of any and all liability for such loss, damage, or death. I acknowledge that different techniques may be used for climbing out of doors or in other facilities.

I further confirm that I am in good health and that I have no physical limitations, which would preclude my safe use of the Climbing Wall.

I further certify that my present age is \_\_\_\_\_. (Minimum age of 13 is required to belay). I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully read the same, of my own free will. In witness whereof, this instrument is duly executed at Lubbock, Texas, this day of \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

\_\_\_\_\_  
Climbing Wall user's signature

\_\_\_\_\_  
Climbing Wall user's name, printed clearly

\_\_\_\_\_  
R# (if applicable)

If participant is under 18 years of age, a Parent or Legal Guardian must sign below

### PARENTAL OR GUARDIAN'S RELEASE OF ALL CLAIMS

The undersigned being the parent(s), guardian, or person having the care and custody of \_\_\_\_\_, do hereby consent that s/he may participate in the Texas Tech University Climbing Wall activities, and in consideration of Texas Tech University, its officers, agents and employees permitting s/he to so participate, do release Texas Tech University or its officers, agents, or employees for any claim which may arise out of the Climbing Wall activity. **BY SIGNING THIS DOCUMENT, IT IS OUR INTENTION TO EXEMPT AND RELIEVE TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Name of parent/guardian, printed clearly

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_