



## WAIVER OF LIABILITY AND RISK ACKNOWLEDGEMENT FORM

### 1. GENERAL INFORMATION

ADULT PARTICIPANT OR RESPONSIBLE PARENT/LEGAL GUARDIAN FOR FILLING THE FORM:

|            |           |               |              |
|------------|-----------|---------------|--------------|
| First Name | Last Name | Date of Birth | Phone Number |
|            |           |               |              |
| Address    |           |               | Postal Code  |
|            |           |               |              |

MINOR PARTICIPANT(S) UNDER THE RESPONSIBILITY OF THE PARENT/LEGAL GUARDIAN MENTIONED ABOVE

| # | First Name | Last Name | Date of Birth |
|---|------------|-----------|---------------|
| 1 |            |           |               |
| 2 |            |           |               |
| 3 |            |           |               |
| 4 |            |           |               |
| 5 |            |           |               |
| 6 |            |           |               |

If more than 6 minor participants for the same booking please add the names and DOB at the back.

### 2. EMERGENCY CONTACT

|            |           |              |                                      |
|------------|-----------|--------------|--------------------------------------|
| First Name | Last Name | Phone Number | Relationship with the participant(s) |
|            |           |              |                                      |

### 3. RULES & REGULATIONS

I understand that the rules and regulations given by the Clip 'N Climb Vancouver Staff are important to ensure the safety of all participants and must be respected.

Descriptions of risks:

1 - Slips, trips, falls while using the facilities or climbing walls.

INITIALS \_\_\_\_\_

2 - Injuries resulting from falling, included but not limited to, falling onto persons, falling and coming into contact with any walls, structure/ropes or falling to the floor.

INITIALS \_\_\_\_\_

3 - Injuries resulting from participating in a physical activity, included but not limited to, sprained knee, ankle, dislocated shoulder, back and neck pains, scratches and bruises.

INITIALS \_\_\_\_\_

I understand that the description of these risks are not complete and that other unknown or unanticipated risks may result in serious injury.

INITIALS \_\_\_\_\_

### 4. SIGNATURE

**THIS FORM MUST BE SIGNED BY A PARENT OR A LEGAL GUARDIAN IF YOU ARE UNDER 18 YEARS OLD**

By Signing this agreement, I agree to waive my rights to legal proceedings and lawsuits against Sea To Peak Adventures Inc. operating under the trading name "Clip N Climb Vancouver" and its employees. I acknowledge that I have read this agreement and that I fully understand, appreciate and accept the physical risks associated with my or my child's participation at Clip 'N Climb Vancouver. I confirm that the information I have provided is accurate and complete.

Date (MM/DD/YYYY) & Parent's or legal guardian's Signature