

## WAIVER OF LIABILITY AND RISK ACKNOWLEDGEMENT FORM

1. G	ENERAL INFORMATION							
ADL	JLT PARTICIPANT OR RESPO	NSIBLE PAREN	T/LEGAL GUAR	DIAN FOR FIL	LING TI	HE FORM:		
First Name		Last Name		Date o	Date of Birth		one Number	•
Address					Postal Code			
MIN	OR PARTICIPANT(S) UNDER	THE RESPONSI	BILITY OF THE	PARENT/LEG	AL GUA	RDIAN ME	ENTIONED A	ABOVE
#	First Name		Last Name			Date of Birth		
1								
2								

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.
- 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.
- 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.

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

## 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.

INITIALS