

Burke Racquet & Swim Club Climbing Wall Waiver



703-250-1299 (tel)
703-250-8642 (fax)
6001 Burke Commons Rd.
Burke, VA 22015
www.burkeclub.com

Participant Name _____

Age _____

Address _____

Phone Number _____

I certify that I am volunteering to participate in the sport climbing gym of the Burke Racquet & Swim Club, (BR&SC). I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the activity. I am not under the influence of drugs or alcohol, which could impair my ability to climb safely. I acknowledge and agree that sport climbing and the use of the Burke Racquet and Swim Club climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the climbing wall:

- *Injuries from climbing and belaying can result in paralysis or death**
- *No safety equipment can guarantee risk free climbing**
- *Safety equipment is not failure proof; the possible failure of safety equipment is an inherent risk of climbing or belaying**

In consideration of my participation in sport climbing, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish the Burke Racquet and Swim Club (or its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out my participation.

Parental Consent: (To be completed and signed by parent/guardian if the applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is, at least 5 years of age, on or before the date of participation, and in good health and has no physical or other impediment which would endanger him or her while participating in the activity of sport climbing. I realize that by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the program and the need for safety precautions, and I have discussed the dangers of the program and the need for safety precautions with the Child.

Adult/Parent Signature (Required to process registration) _____

Name (Printed) _____

Date _____

**Please wear tennis shoes
(without wheels) to climb.**