



Cragmont Climbing Club

Practicing Safe Climbing and Conservation since 1932

LIABILITY RELEASE

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

YOU ARE GIVING UP IMPORTANT LEGAL RIGHTS.

LIABILITY RELEASE AGREEMENT NOT TO SUE INDEMNITY AGREEMENT ASSUMPTION OF RISK

BY SIGNING THIS DOCUMENT I AGREE TO GIVE UP CERTAIN LEGAL RIGHTS THAT I MAY HAVE IN THE EVENT I BECOME INJURED WHILE ENGAGING IN ACTIVITIES WITH THE CRAGMONT CLIMBING CLUB. I WISH TO ENGAGE IN ROCK CLIMBING WITH CRAGMONT CLIMBING CLUB MEMBERS AND OTHERS WHO ENGAGE IN ROCK CLIMBING AND MOUNTAINEERING ACTIVITIES SPONSORED BY THE CLUB. I UNDERSTAND THAT ROCK CLIMBING AND MOUNTAINEERING ARE INHERENTLY DANGEROUS ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY OR DEATH. I UNDERSTAND THAT, ALTHOUGH IT IS THE GOAL OF THE CRAGMONT CLIMBING CLUB TO ALWAYS CLIMB IN A MANNER THAT IS SAFE, INJURY IS NEVERTHELESS POSSIBLE. IN ORDER TO PARTICIPATE IN THESE ACTIVITIES, I AGREE TO ASSUME THE RISK OF ANY INJURY THAT MAY OCCUR, AND I PROMISE THAT I WILL NOT HOLD THE CRAGMONT CLIMBING CLUB, ITS MEMBERS AND THOSE ASSOCIATED WITH IT RESPONSIBLE IF I BECOME INJURED.

IN ADDITION, I RELEASE THE CRAGMONT CLIMBING CLUB, ITS MEMBERS AND THOSE ASSOCIATED WITH IT FROM ALL CLAIMS I MAY HAVE FOR INJURY OR LOSS RESULTING FROM NEGLIGENCE OR OTHER ACTS OR OMISSIONS OF MEMBERS OR THOSE ASSOCIATED WITH THE CRAGMONT CLIMBING CLUB.

I UNDERSTAND THAT THE CRAGMONT CLIMBING CLUB IS NOT A TEACHING OR INSTRUCTIONAL ORGANIZATION AND THAT IT IS MY RESPONSIBILITY TO PROVIDE FOR MY OWN INSTRUCTION IN CLIMBING TECHNIQUES AND SAFETY.

I PROMISE THAT I WILL CAREFULLY FOLLOW ALL INSTRUCTION PROVIDED BY MEMBERS OR THOSE ASSOCIATED WITH THE CRAGMONT CLIMBING CLUB, AND WILL DO EVERYTHING POSSIBLE TO AVOID INJURY TO MYSELF AND OTHERS. I FURTHER AGREE TO DEFEND AND PAY ALL COSTS AND EXPENSES THAT THE CRAGMONT CLIMBING CLUB, ITS MEMBERS AND THOSE ASSOCIATED WITH IT MAY INCUR AS A CONSEQUENCE OF ANY LEGAL ACTION ARISING OUT OF INJURY TO MYSELF OR INJURY TO SOMEONE ELSE AS A RESULT OF MY ACT OR OMISSION. I STATE THAT I AM CURRENTLY COVERED BY MEDICAL INSURANCE FOR ANY INJURIES THAT MAY OCCUR TO ME WHILE PARTICIPATING IN CRAGMONT CLIMBING CLUB ACTIVITIES. I PROMISE TO NEVER PARTICIPATE IN CRAGMONT CLIMBING CLUB ACTIVITIES IF I AM NOT COVERED BY THIS OR SIMILAR MEDICAL INSURANCE.

FINALLY, I INTEND FOR THIS DOCUMENT TO APPLY NOT ONLY TO MYSELF, BUT TO ANYONE ACTING ON MY BEHALF.

I have read and understand the above.

Signature: _____

Date: _____

Print Name: _____

Age (if under 18): _____

Street Address: _____

City, State, Zip Code: _____

Home Ph.: _____ Work Ph: _____ Cell Ph: _____

Medical Insurance Carrier: _____

Insurance Policy Account Number: _____

All above information must be filled in.



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If you are under 18 years of age, the following must be filled in:

CONSENT OF PARENT OR GUARDIAN OF MINOR

I am the parent or guardian of the person signing the front of this agreement. I certify that I have also read this entire document and, on behalf of both myself and the minor signing above, I agree to all the provisions of this document. I certify that all information provided is correct.

Signature: _____

Date: _____

Print Name _____

Street Address _____

City, State, Zip Code _____

Please print this form, fill out, and email to:

Aaron Hope <aaronlhope@gmail.com>