



CONSENT, DISCLOSURE, & ACKNOWLEDGEMENT OF RISK
CLIFFHANGER INDOOR ROCK CLIMBING CENTRES LTD.

◆ 670 Industrial Ave. Vancouver, BC V6A2P3 604-874-2400

I/we, the undersigned, give Cliffhanger Indoor Rock Climbing Centre Ltd. (Cliffhanger) permission to have a physician tend to me/us should it be considered necessary. It is understood that Cliffhanger and its staff are not responsible for the cost of medical care or any other associated expenses.

I/we am/are aware that the program that I/we am/are undertaking constitutes a course undertaken at the sole discretion of the undersigned. I/we am/are further aware that this course, in addition to the usual risks inherent, has additional risks which may include but not be limited to:

- physical exertion for which I/we may not be prepared
- remoteness from normal medical services
- evacuation difficulties if disabled away from Cliffhanger.

I/we understand that CLIFFHANGER offers on occasion may offer programs which include but are not limited to rock climbing, mountaineering, canoeing, kayaking, hiking, cycling, ropes courses and other general indoor and outdoor activities. I/we appreciate that there are inherent risks involved. I/we am/are aware of all inherent risks, including the possibility of personal injury, death, property damage or loss resulting therefrom. I/we acknowledge that the enjoyment of Indoor and Outdoor Activities is derived, in part, from the inherent risks incurred by travel and activities beyond the accepted safety of home, work or school, and that these inherent risks contribute to such enjoyment, being a reason for my participation.

In entering into this agreement, I/we am/are not relying on any oral, written or visual representation or statements by CLIFFHANGER, its officers, employees, guides/instructors, agents of representatives (collectively, the Staff) or any other inducement or coercion to go on the program, only of my own free will.

I/we agree to participate and follow the rules and directions of the CLIFFHANGER instructor(s) with regards to rules and safety requirements.

I/we hereby confirm that I/we am/are at an age of legal consent and that I have read and understood this Agreement prior to signing it, and agree that the Agreement will be binding upon our heirs, next of kin, executors, administrators and successors signing it, and agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of Canada.

Do you have any existing health, mental or physical condition(s) that preclude climbing? Yes ___ No ___

_____ PARTICIPANT NAME (PLEASE PRINT)	____/____/____ BIRTHDATE MM DD YYYY
_____ ADDRESS	_____ CITY
_____ POSTAL CODE	_____ PHONE

 PARTICIPANT SIGNATURE OR
 PARENT/GUARDIAN (if participant is under 18 years of age)

 WITNESS

_____/_____/_____
 MONTH DAY YEAR