

Climb Oz Registration & Waiver of Liability



www.ClimbOz.com
THE CLIMBING PROFESSIONALS

Membership No. _____

Please read, fill in and sign before you ENTER THESE PREMISES.

A recent study by The Wilderness Medical Society concluded that Indoor Climbing has an injury rate that is 10 times lower than common sports like soccer. Nonetheless, you are still advised that climbing is a **potentially dangerous recreational activity** with **Obvious Risks** as defined by the Civil Liability Amendment (Personal Responsibility) Act.

YOU ARE PARTICIPATING AT YOUR OWN RISK.

Tick if you **AGREE:** ↓

I request to use the facility above and agree to the following conditions:

1. **ALL NEW CUSTOMERS:** must be registered and have their photo taken for identification purposes.
2. **ALL NEW CUSTOMERS:** must be instructed by CLIMB OZ staff on approved belay/auto-belay and safety techniques, instructions for securing harnesses and use of the equipment. These instructions must be followed at all times.
3. **CHILDREN:** Children under 16 must have parent/guardian consent. Children under 12 years will require adult supervision and are not permitted to belay and will require an adult to conduct approved belaying procedures.
4. **UNROPED CLIMBING:** IS NOT PERMITTED ON THE MAIN WALLS.
5. **DRESS CODE:** Comfortable non-restrictive clothing is recommended. Climbing barefoot or in socks is not permitted.
6. **CONDUCT:** For the enjoyment and safety of all, climbers please comply with staff instructions and information signs.

To ensure that you understand the risk involved, please tick the following.

I understand that climbing involves risks which may cause various injuries and that such injuries may result in death or serious disability. I also understand that climbing is physically demanding and may cause panic, hyperventilation or heart attack.

I have been advised of the risks of climbing. I wish to participate and do so entirely at my own risk of injury or bodily harm to myself.

I declare to the best of my knowledge, that I do not have any pre-existing health conditions such as Heart or Respiratory disorders, Pregnancy, Vertigo or Balance problems, had Surgery or a Seizure in the last 6 months or any other medical condition that may pose a danger to myself or anyone else in this facility during my participation.

I hereby release Climb Oz Pty Ltd, the owner of the premises and all employees, staff and assistants of Climb Oz Pty Ltd or any other persons involved in my participation in climbing at Climb Oz Pty Ltd from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my participation.

I am aware that this waiver is ongoing and will apply to all future occasions I participate in climbing at Climb Oz Pty Ltd. I furthermore acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns.

I am aged 16 years or over and am legally competent to sign this agreement.

OR

My parent or legal guardian has signed this form to consent to my participation.

If I am using my own climbing equipment (Harness, Belay Devices, Quickdraws, Climbing Ropes, etc), it is my personal responsibility to correctly use and maintain the equipment for my own safety and wellbeing.

Participant Details (*required):

*Last Name: *First Name: *Gender: M / F

*Address:

*Suburb/Town: *Postcode:

*Phone No: (.....)..... *Date of Birth:/...../.....

Email: (Optional)

Before signing this document I have read and understand that it affects my legal rights.

*Signature: *Today's Date:/...../.....

Signature of parent or guardian if under 16:(if needed). Name.....