



JUNCTION USE ONLY

Belay Test
 Intro Lesson
 Lead Lesson
 CERT
 N/C
 Certification Instructor _____ ID# _____
 Day Pass
 Belay Group
 Portable Wall
 Youth Program

This is a Release of Liability – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in The Junction Climbing Centre Inc. program, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless **THE JUNCTION CLIMBING CENTRE INC.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.
5. I understand that a helmet is available to me free of charge, I may choose not to wear a helmet which may increase my risk of injury and if I choose to wear a helmet it is my responsibility to request a helmet and use it properly. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I may have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____ Today's Date _____ / _____ / _____
 Participant's Signature day month year

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Initial _____
 Street address _____ City _____ Province/State _____
 Country _____ Postal/ZIP _____ Birth Date _____ / _____ / _____
 day month year
 Home Phone _____ Mobile Phone _____
 Emergency Contact _____ Phone _____ Phone _____

* The Junction will not share your information with any third parties or send you unsolicited emails

For Participants of Minority Age (Under 18 at the time of Registration)

This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement of participation in these programs as provided above.

Parent/Gaurdian Signature _____ Today's Date _____ / _____ / _____



Email: _____

How did you hear about the Junction?

- Radio
- TV
- Word of mouth
- Advertising
- Visit
- Recommendation

Additional Notes
