

0906591 BC Ltd. - Coastal Climbing Centre

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RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please note that by signing this agreement, you give up the right to sue for any injury or damages, howsoever caused.

TO: 0906591 BC Ltd. - Coastal Climbing Centre (“The Company”) and its directors, officers, employees, representatives and agents (collectively called “the Agents”).

I, _____, hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “the Company” and/or “the Agents” including, but not limited to: climbing, bouldering, rappelling, spotting, falling, route setting, etc. (collectively referred to as “the Activities”) and in further consideration of “the Company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims,

Assumption of Risk and Indemnity Agreement (“the Agreement”).

2. I acknowledge that “the Activities” involve **inherent risks and dangers that may cause serious injury and possible death to participants.**

3. I fully understand the risks and dangers associated with my participation in “the Activities” and **accept same entirely at my own risk.**

4. I hereby **waive any and all claims** which I may have against “the Company” and “the Agents” and release “the Company” and “the Agents” from **all liability** for injury, death, property damage or any other loss sustained by me as a result of my participation in “the Activities”, **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by “the Company” and/or “the Agents”.

5. I appreciate that “the Agreement” limits the liability of “the Agents” to the same extent as it limits the liability of “the Company”, even though “the Agents” are not formal parties to “the Agreement”.

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND “THE AGREEMENT”. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” AND/OR “THE AGENTS” AND THAT IT CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.

Signature of Participant

Date of Birth

Date Signed

Witnesses Signature

Witnesses Name (please print clearly)

IF I AM THE PARENT AND/OR LEGAL GUARDIAN OF THE PARTICIPANT, I HAVE READ AND UNDERSTAND AND AGREE TO EXECUTE “THE AGREEMENT” ON BEHALF OF MY CHILD/WARD. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE COMPANY AND AGENTS FOR ANY AND ALL CLAIMS, BY OR ON BEHALF OF OUR SAID CHILD IN RESPECT OF, OR ARISING OUT OF, ANY NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY OF CARE AS IT RELATES TO ALL THE EVENTS ORGANIZED BY “THE COMPANY” AND/OR “THE AGENTS”.

Name of Child (please print clearly)

Childs Date of Birth

Date Signed

Parent or Guardians Signature

Parent/Guardian’s Name

Contact Phone number