



Risk Warning and Release for Clip 'N Climb Central Coast Climbing Centre

RISK WARNING

Climbing is a dangerous recreational activity with obvious and inherent risks as defined by the Civil Liability Act 2002. **You participate of your own free will after understanding the risks.**

By reading and signing this form, you are agreeing to all terms and conditions on this document.

- a) I understand that there are risks of slips, trips, falls or painful crashes while using the facilities or equipment, climbing walls, floors below climbing areas, bathroom facilities, party rooms, or stairs.
- b) I understand that injuries may result from falling, including but not limited to onto other persons, falling and coming into contact with walls, structures, door ropes, or falling to the floor.
- c) I understand that worst-case injuries may result in death or permanent disabilities.
- d) I understand that climbing is physically demanding and may cause panic, hyperventilation, or heart attack in susceptible people.
- e) 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.

RELEASE

In consideration of my entry into the centre, I hereby release Central Coast Rock Climbing Pty Ltd (ACN 163 160 978), the owner of the premises, and all staff and assistants of Clip 'N Climb Central Coast or any other persons involved in my participation at Clip 'N Climb Central Coast from any suit, demand, action, or claim for compensation whether for personal injury or damage to property arising from my participation.

I understand that this waiver is ongoing and will apply to all future occasions I climb at Clip 'N Climb Central Coast. I acknowledge that this document may be relied upon in any proceedings by me, my heirs, executors and assigns.

PARTICIPANT(S) DETAILS (Please use BLOCK LETTERS)

Participant Full Name: _____

Date of Birth: _____ Sex: MALE

Address: _____

Suburb/Postcode: _____

Under 18, parent or legal guardian to sign below:

Parent/Guardian's Full Name: _____

Relationship with Participant: Parent/Carer

Parent/Guardian's Address: _____

Suburb/Postcode: _____

Contact No.: _____

Signature: _____

Date: ____ / ____ / 2022