

⇒⇒⇒Participant Name: _____
DAY KC CLASS CARD

PARTICIPANT INFORMATION

Participant Name: _____

Phone # (____) _____

Date of Birth (mo/day): ____/____ 19____
or 20____

Sex _____

EMERGENCY CONTACT INFORMATION

In the event of an accident, Pacific Edge will always summon an ambulance. It is your responsibility to accept or refuse the help of the ambulance personnel. In case of emergency, I would like Pacific Edge to call: _____

Phone # _____

Work Phone # _____

This person is my: (parent, friend, spouse, etc.):

CLIMBING INFORMATION

Do You Have Prior Belaying Experience: Yes _____ No _____

Climbing Experience: Beginner ____ 2-3 Years ____ 4-5 Years ____ 5+
Years ____

*** FOR OFFICE USE ONLY ***

NON-BELAYER _____ DAY ONLY-TOP ROPE _____

TOP ROPE _____

LEAD _____

LEAD-BELAY _____

WAIVER AND RELEASE OF LIABILITY

PACIFIC EDGE-104 BRONSON STREET, SUITE 12, SANTA CRUZ, CA 95062

Phone (831) 454-9254 Fax 454-9269

Warning: There are significant risks present in rock climbing, artificial wall climbing, use of saunas, use of weight lifting equipment, participation in Yoga, Pilates, or fitness classes.

Express Assumption of Risks: I, the undersigned, am aware that there are significant risks involved in all aspects of climbing. These risks include but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my belayer, or other climbers (CHOOSE YOUR PARTNER[S] AT YOUR OWN RISK!), injury or death due to improper use of, or failure of equipment, injury or death due to **hand holds** that **spin** or **break**. I am aware that there are health and injury risks involved in using saunas and lifting weights, and participating in Yoga or fitness classes. Any of these risks may result in serious injury or death to myself and or my partner.

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at Pacific Edge. **I, the undersigned, acknowledge that I have no physical impairments or illnesses that will endanger myself, or others.**

⇒⇒⇒Initials: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Pacific Edge, I, the undersigned hereby release: Pacific Edge, Stoveleg Enterprises and its officers, Richard Novak, and the Seabright Station Partnership, their principals, agents, officers, employees, and volunteers, the City of Santa Cruz, and Santa Cruz City Schools, Scotts Valley Unified School District, their employees and agents from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

Indemnification: Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees or costs.

I HAVE READ AND UNDERSTOOD THE FOREGOING ASSUMPTION OF RISK, AND RELEASE OF LIABILITY.

I UNDERSTAND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS.

⇒⇒⇒Signature of Participant:

_____ Date: _____

Warning: Children of belay age/ certification will be choosing climbing partners at their own risk and judgment. Pacific Edge makes no warranty as to the competence of people climbing in our gym.

If the Participant is under the age of 18,

⇒⇒⇒Signature of Parent or Guardian:

_____ Date: _____

(Parent) Print Name: _____
