

PARENT/GUARDIAN OF MINOR Waiver Form and Safety Check
(Parent or Guardian Must Complete)

I, _____, being the parent or legal guardian of _____
(Parent/Guardian name) (Child's name)

whose date of birth is _____, hereby state that said minor is in good physical condition.

I hereby understand and acknowledge that the sport of rock climbing is extremely hazardous and that the risk of injury to my child/ward is high while engaging in this activity. I further understand and acknowledge that **by allowing my child/ward to engage in the sport of rock climbing at BR ENTERPRISES LLC/Prime Climb, I subject child/ward to risk of injury, or even death, whether through the negligence of an agent or employee of BR ENTERPRISES, LLC/Prime Climb, through the use of equipment which may be defective, or through other means.**

I understand and acknowledge the types of risks to which I am subjecting my child/ward by allowing him/her to engage in the activity of rock climbing at **BR ENTERPRISES LLC/Prime Climb**. Possible risks include: injuries from any manner of fall while at the gym, injuries from contact or entanglement with any rope, other instruments or materials used in the sport of rock climbing. I understand that the aforementioned possible risks are not all-inclusive and that by climbing at **BR ENTERPRISES LLC/Prime Climb**, my child/ward could be injured in some way not listed above.

In recognition of all the above, and in consideration of my child/ward's use of facilities and programs offered by **BR ENTERPRISES LLC/Prime Climb**, I hereby assume, on behalf of my child/ward, all risk of injury and/ or death and I release, discharge and hold **BR ENTERPRISES LLC/Prime Climb**, harmless, on behalf of my child/ward, from any liability resulting from injuries and/or death suffered by my child/ward arising out of his/her use, whether proper or improper, of the programs or facilities at **BR ENTERPRISES LLC / Prime Climb**. I understand and acknowledge that by signing this wavier, I voluntarily waive valuable legal rights, on behalf of my child/ward, to bring legal action against **BR ENTERPRISES, LLC/Prime Climb**, or any of its agents or employees, for any cause related to the negligence of **BR ENTERPRISES, LLC/Prime Climb** its agents or employees, or for any cause related to the use of defective equipment provided by **BR ENTERPRISES, LLC/Prime Climb**, or its agents or employees. Also, I acknowledge that I have ensured that my child/ward is proficient in the Safety Check, and that he/she understands, and will abide by **BR ENTERPRISES LLC/Prime Climb**, Rules and Regulations as posted in the facility. Further, the undersigned acknowledges that he/she has had the opportunity to inspect the facility

Signature (Of Parent or Guardian)

Today's Date

and ask any questions of **BR ENTERPRISES, LLC/Prime Climb** employees prior to the signing this document. By signing this

Name of Child (print)

Date of Birth

Name of Parent or Guardian (print)

Street Address

City and State

Zip code

release, I expressly state that I have read this document and that I fully understand and accept its contents.

Home Phone

Cell Phone

Email Address

For internal use- to be completed by instructor

PASSED TOP ROPE TEST	PASSED , LEAD ROPE TEST	FAILED BELAY TEST	BOULDER CLIMBING	OUTDOOR CLIMBING	INDOOR LESSON CLASS	JUST CUMBING	ROPES COURSE	TECH TRAINING
PARK & REC	GROUP PROGRAM	SCHOOL PROGRAM	YOUTH TEAM	TRY A CLIMB	BIRTHDAY PARTY	SCOUT TROOP	YOUTH SERVICES	RMF CCC CCM AMC