



REGISTRATION & WAIVER



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Name _____	Birthdate: <u> </u> / <u> </u> / <u> </u> DD MM YY	Phone _____
Address _____	City _____	Province _____
Postal Code _____		
Email Address _____		Emergency Contact: Name and Phone _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. PLEASE READ AND SIGN BELOW.

Please note that by signing this agreement, you are forfeiting some of your rights, including but not limited to your right to sue for any injury or damages regardless of cause.

To: **The Aviary Climbing Gym** ("the Facility"), and its directors, officers, employees, representatives and agents (including the University of British Columbia, The University of British Columbia Alma Mater Society, and the University of British Columbia Varsity Outdoor Club; collectively: "the Agents").

1. I agree as a precondition to my participation in all events organized by "the Facility" and/or "the Agents" including, but not limited to indoor rock climbing (referred to hereafter as "the Activities") and in further consideration of "the Facility" allowing me to do so, that I will strictly be 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 risk and dangers that may cause serious injury or death to participants.
3. I fully understand the risks and dangers associated with my participation in "the Activities" and accept the same entirely at my own risk.
4. I hereby waive any and all claims which I may have against "the Facility" and "the Agents" and release "the Facility" 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 Facility" 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 Facility" even though "the Agents" are not formal parties to "the Agreement".

I am 19 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 Facility" and/or "the Agents" and that it constitutes a release of liability and an indemnity for all claims. If I am the parent and/or legal guardian of the participant, I have read and understand and execute "the Agreement" on behalf of the child/ward.

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

Participant or Parent/Guardian Signature

Print Witness Name

Print Name

Witness Signature

Print Name of Child/Ward

 / /
DD MM YY

OFFICE USE	
Belay Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Conditional	Instructor _____
Comment _____	