

**The University of Akron Student Recreation and Wellness Services – Rock Climbing Wall Personal Protective Equipment Supplemental Waiver for ADULT Participants**

**PERSONAL PROTECTIVE EQUIPMENT.** I understand that all necessary climbing equipment is provided to participants at no cost, and that I have the option to use personal climbing equipment. I further understand that by using personal climbing equipment I am responsible for inspecting the equipment, monitoring its upkeep, ensuring that it is in good working condition, and using the equipment according to manufacturer’s specifications. By signing this Supplemental Waiver, I voluntarily elect to use personal climbing equipment, affirm that my personal equipment is in good working condition and will be used according to manufacturer’s specifications, and accept that SRWS staff reserve the right to prohibit the use of any such equipment that is deemed unsuitable or unsafe.

**RELEASE.** In consideration for being able to use personal climbing equipment, I, for myself, and for my executors, representatives, administrators, heirs and assigns, agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Released Parties for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including, but not limited to, negligence resulting from my use of personal climbing equipment in said activities. I also hereby agree that in the event any claim arising out of or incidental to personal injury, death, or any damages to me shall be filed against any Released Parties, I shall INDEMNIFY AND HOLD HARMLESS such Released Parties against any and all claims, including attorney’s fees incurred by the Released Parties in defending any such claims.

I have read this **Rock Climbing Wall Personal Protective Equipment Supplemental Waiver for ADULT Participants**, fully understand its terms, and ***understand that I am giving up substantial rights – including my right to sue.*** I know, understand and appreciate these and other risks that are inherent in Climbing Activities. I expressly agree and assert that my use of personal climbing equipment in Climbing Activities is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. ***I acknowledge that I am an adult and am signing this freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.***

Sign Here

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Department Use Only:**

Entered into CSI on \_\_\_\_\_ by \_\_\_\_\_  
*Date Name*