

WEBER STATE UNIVERSITY
Weber Rocks! **CLIMBING CENTER**
SAFETY POLICIES AND RULES

I _____ (name of participant) accept full responsibility for my own safety while in the WSU Climbing Center. I agree to abide by, and help enforce, the following Climbing Center safety policies and rules:

1. Center Staff must be present when any participants are roped climbing or bouldering in the WSU Climbing Center.
2. Climbers must check in with staff before climbing.
3. The following WSU Climbing Center procedures must be followed:
 - a. Only figure 8 follow through knots may be used to tie on to ropes.
 - b. Belay devices and leather gloves must be used for belaying.
 - c. Only locking carabiners are used to connect the belay devices to the belayer's harness.
 - d. Standard climbing signals must be used.
 - e. Loose chalk must be contained in a chalk ball.
4. No bouldering onto the top of the bouldering structure, or below roped climbers.
5. All accidents or equipment damage must be reported immediately to staff.
6. Only Climbing Center staff or an approved designee will move handholds.
7. Only Union Internationale Des Association D'Alpinisme (UIAA) approved climbing harnesses may be used, unless otherwise approved by a Climbing Center staff member. UIAA approved climbing harnesses are available for rental/check out with proper ID.
8. Helmets are recommended. Helmets are available for check out with proper ID.
9. All participants must have completed an WSU Climbing Center Basics Clinic or Belay Test. Participants lead climbing, multi-pitch, or rappelling must complete WSU Climbing Center instruction during scheduled times or have demonstrated skills.
10. Campus Recreation reserves the right to suspend any individual permanently, or for a specified period of time, for failure to comply with the above safety policies and rules, or for any conduct that is viewed by the staff as unsafe or inappropriate.

I acknowledge that I have read and agree to abide by the WSU Climbing Center policies and rules:

Printed Name _____ **Signature** _____ **Date** _____

(Please Circle One) **WSU Student W#** _____, **WSU Faculty Staff** _____, **Youth** **General Public**

Local Telephone Number _____ Date of Birth: _____

Local Address _____ City _____ State _____ Zip _____

Emergency Contact Information

Name: _____ Relation: _____

Home Telephone: _____ Work Telephone: _____

(FOR STAFF USE ONLY) Belay Check or Basics Clinic (Staff initials for successful Belay Check, Basics Clinic, or lead interview)

Date: _____

Belay / Bouldering Check _____ Basics Clinic _____

Video _____ Lead interview _____

Agreement to Participate/Awareness of Risk Form
HPHP Department - WSU Climbing Center
AGREEMENT TO PARTICIPATE / AWARENESS OF RISK/INFORMED CONSENT

I am aware that playing or participating in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and the risks of playing or practicing in the above activity include, but are not limited to, death, serious neck or spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being. I furthermore specifically acknowledge that climbing may involve an even greater risk of injury than other sports.

In consideration of WSU permitting me to practice, try out for or otherwise associate myself with the *Weber Rocks!* Climbing Center, and to engage in all activities related to the Climbing Center, I hereby voluntarily assume all risks associated with participation and agree to discharge and release the State of Utah, Weber State University, it's employees departments, agents, volunteers, and assigns from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the WSU Climbing Center. Because of the inherent dangers of participating in climbing wall or related activities, I recognize the importance of following instructions regarding techniques, training, rules, and agree to obey such instructions. I have or will obtain prerequisite skills, qualifications, preparations and training to participate in the activity in a safe and competent manner. I voluntarily assume full responsibility for any risk of loss, property damage to personal injury, including death that may be sustained by me, or any loss or damage to property owned by me or in my possession, as a result of being engaged in such an activity.

It is my expressed intent that the terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family, and that the terms hereof shall serve as a waiver, discharge and covenant not to sue releasee.

I recognize that my participation in these activities may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. I acknowledge these risks and state that I am in good health, I know of no medical reasons why I am not able to participate in this recreation or athletic program.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with the WSU Climbing Center.

I understand that it is my obligation to have a health and accident insurance policy in effect while participating in WSU Campus Recreation activities or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident.

I certify that I am 18 years of age or older.

Name of Participant (print)

Signature of Participant

Date

Identified Risks of Participation

Weber Rocks Climbing Center

Injury may result from your participation in this course/program/activity. You are expected to familiarize yourself with the course/program/activity and what is required, rules of conduct for the Climbing Center as well as Weber State University policies. You are expected to follow proper operating procedures including procedures as outlined by the course/program/activity instructor, plus any directions given by an authorized WSU employee.

I, _____, acknowledge that I have familiarized myself with the course/program/activity and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by staff.

Signature of Participant

This is an Informed Consent Form for Minors, which identifies risks of participating in a Weber State University course, program or activity, and a Waiver and Release for parents/guardians.

(A parent or legal guardian of any participant who is not at least 18 years of age or older must read and sign below)

The undersigned, the legal guardian of _____, under eighteen years of age, in consideration of their participation in WSU's Weber Rocks Climbing Center, do hereby agree to this waiver and release.

I recognize that participation may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that participants receive. I agree to release State of Utah, Weber State University, and their agencies, departments, officers, employees, agents, and all sponsors, officials and staff or volunteers from the cost of any medical care that participants receive as a result of participation in the course/program/activity.

I further agree to release the State of Utah, Weber State University, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of the participation in this Weber State University course/program/activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover participation in the above stated Climbing Center course/program/activity.

Name _____ Date _____

Signature _____
(Parent or legal guardian signature if participant is under 18 years old)