

**FERRIS STATE UNIVERSITY
UNIVERSITY RECREATION**

**CLIMBING WALL PARTICIPANTS
INFORMED LIABILITY RELEASE**

In consideration for receiving permission to participate on the Ferris State University Climbing Wall, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Ferris State University, their officers, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating on the climbing wall, or in, on or upon the premises where the activity is being conducted.

I fully understand that the climbing wall is physically demanding and that it involves substantial risk of bodily injury and personal property damage. I agree to participate and abide by the rules and regulations of FSU and University Recreation. Any questions that I have had concerning my participation in this activity have been fully answered. Because of the dangers of participating in the above activity, I recognize the importance of following staff/supervisor instructions regarding proper climbing techniques, safety, facility policies, etc., and agree to obey such instructions.

In consideration of the opportunity provided by Ferris State University to participate in the FSU Climbing Wall Program, I do hereby assume all the risks associated with participation and agree to hold Ferris State University, its employees, agents, representatives, staff and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the FSU Climbing Wall Program. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Participant: _____

Print Name: _____

Street Address: _____

E-Mail Address: _____

City and State: _____

Zip: _____

Phone: _____

Date of Birth: _____

Today's Date: _____

**PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(MUST BE COMPLETED FOR PARTICIPANT'S UNDER THE AGE OF 18)**

In consideration of _____ (print minor's name)("Minor") being permitted by Ferris State University, University Recreation to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Ferris State University, University Recreation from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian's Signature: _____

Print Name: _____ Phone Number in case of emergency: _____

