

ASRC
6101 Dorchester ST
Springfield VA 22150
703-923-9700 - 703-698-6114 (Fax)



WAIVER OF RELEASE OF LIABILITY

In Consideration of being allowed to participate in any way in Adventure Schools Rock Climbing athletics/sports program, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything unsafe, they will immediately advise their instructor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent disability or death, and severe social or economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play, or condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such in injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Adventure Schools Rock Climbing, its affiliated clubs, their respective administrators, directors, agents, instructors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage of property, cause or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

If under 18 Signature
Of parent or guardian: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

E-Mail Address: _____

Emergency Contact Name: _____ Phone: _____

Visa () MasterCard () American Express () Discover ()

Credit Card No. _____ Exp. Date: _____

Course Name: _____ Course Date: _____

Shoe Size: Men () Wmn () _____

ASRC Staff Member: _____ ASRC Instructor: _____