

**CALVIN COLLEGE CLIMBING CENTER
REGISTRATION AND INFORMATION FORM**

Date _____

Name _____

Home Phone _____ Work Phone _____

Date of Birth _____ Sex: Male () Female ()

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Name and Phone _____

CLIMBING CENTER RULES

1. Climbing facility is open only during program hours and when a staff person is present.
2. All climbers must check in with staff person and be registered before climbing.
3. All climbers must gain instruction, demonstrate to staff sound "palm down" belay technique, dressed figure 8 follow through knots, proper equipment use, and be checked off by a staff person before climbing.
4. Before each climb, each climber must be checked for 1) figure 8 tie-in knot; 2) double backed harnesses; and, (3) proper loading of belay device/carabineer by their climbing partner.
5. Belayers will take out "rope stretch" to prevent "ground fall".
6. Climbers can climb "un-roped" (boulder) no higher than five feet; spotter and crash pads are recommended anytime feet go above three feet.
7. Maximum number of climbers/boulders at any given time: 24
8. No iPods or personal MP3 players; all music must comply with College policy and is subject to approval of the staff.
9. All climbers and belayers will exercise behavior that maintains a positive and safe climbing environment.
10. Only climbers who have participated and passed a Calvin Sport Leading course can lead climb at Calvin College. Please see a staff person to sign up for instruction.
11. No food or drinks in the gym; water bottles are allowed.
12. You must pass a safety check before top roping, lead belaying, or lead climbing in this facility.
13. Only staff is allowed to teach belay skills. All safety instruction must be given by Climbing Center staff.
14. You must use a commercially manufactured harness that is subject to approval of staff.
15. No skipping bolts when leading.
16. The College reserves the right to remove any person from the facility at any time for any reason.

I have read, understand and agree to follow these rules.

Participant's Signature _____ Date _____

FOR EMPLOYEE USE ONLY

Brief description of the climber's experience:

Failed Tests:

Date _____	Employee _____	Test/Reason _____
Date _____	Employee _____	Test/Reason _____

CHECKLIST FOR TOPROPE BELAY

Tested By _____	Date _____
Release of Liability Signed _____	Display Proper Tie-In with Figure 8 _____
Review of Climbing Gym Rules _____	Display Proper Belay Technique _____
Double Back Harness and Good Fit _____	and Use Proper Belay Commands _____
	Catch a Fall _____

CHECKLIST FOR LEAD CLIMBING

Tested By _____ Date _____

Stable Clipping Stance and Efficient Clips _____
Rope Awareness _____
Take a Fall _____

CHECKLIST FOR LEAD BELAY

Tested By _____ Date _____

Proper Stance/Flake _____ Proper Amount of Slack _____
Rope _____ Brake Technique _____
Rope Management _____ Catch a Fall _____

Release/Indemnification and Covenant Not To Sue

In consideration of my use of the Climbing Wall at any time hereafter, I, the undersigned user, release on behalf of myself, my heirs, representatives, executors, administrators and assigns, and covenant not to sue Climbing Wall Staff, Calvin College, its trustees, agents, and employees (hereinafter referred to as the College) from any cause of action, claims or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators or assigns may now have, or have in the future against the College on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use of the Climbing Wall, whether that use is SUPERVISED OR UNSUPERVISED, howsoever the injury or damage is caused, including but not limited to, the negligence of the College.

In consideration of my use of the Climbing Wall now or in the future, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS the College, its trustees, agents, and employees from any and call causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my use of the Climbing Wall.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death or paralysis, I sustain while using the Climbing Wall and that by this agreement I am relieving the College of any and all liability for such loss, damage, or death.

I have read the posted Climbing Wall Policies and agree to abide by them. Additionally, I agree to advise the Climbing Wall Staff if I do any damage or notice any damage to the wall, ropes, anchors, or other wall equipment. I also agree to advise the Climbing Wall Staff if I witness or partake in any unsafe conduct.

I further certify that my date of birth is _____ (month/date/year), that my present age is _____, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this release. I further understand that the terms of this release are legally binding and I certify that I am signing this release after having carefully read the same, of my own free will.

I further certify that I am under no compulsion to use the Climbing Wall but that I have been informed that I may not use the Climbing Wall unless I enter into this release. I have elected to voluntarily and of my own free will to use the Climbing Wall, such use at all times to be subject to this release.

IN WITNESS WHEREOF, this instrument is duly executed at Calvin College, Michigan, this _____ day of _____, 20_____.

Climbing Wall User's Name Signature

Climbing Wall User's Name, Printed Clearly

Climbing Center Staff Signature

Climbing Center Staff Name, Printed Clearly

If this Release is executed by a parent or legal guardian on behalf of a minor participant, I authorize Calvin College, or its designated person to secure medical attention for the participant if any such person deems necessary if I am not available to make a decision regarding such medical attention. This consent shall not impose any obligation to provide such medical attention and it is understood that such persons are not trained medical personnel.

(Signature of Parent or Legal Guardian if under 18)