

Corporation of the Village of Cumberland

2673 Dunsmuir Avenue P.O. Box 340 Cumberland, BC VOR 1S0 Telephone: 250-336-2291 Fax: 250-336-2321 cumberland.ca

Year:

## INDOOR CLIMBING WALL – FOR MINORS INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK FORM (referred to as "Consent and Acknowledgement Form")

To be completed by parent/legal guardian and participant for participants under the age of 19

## PLEASE READ CAREFULLY This Consent and Acknowledgement Form must be signed by the Participant and the parent/legal guardian of the Participant. The choice to participate in any program offered by the Corporation of the Village of Cumberland is made freely and with understanding of the associated benefits, risks and responsibilities.

Participant Last Name:	First Name:	
Address:		
Telephone:	Date of Birth:	

## TO: The Corporation of the Village of Cumberland, its elected officials, officers, employees, volunteers and agents (the "Village of Cumberland").

**DEFINITION:** In this Consent and Acknowledgement Agreement the term "Climbing Activities" includes any and all use of the indoor climbing wall, whether for climbing, bouldering or otherwise, as well as all climbing and bouldering activities, programs, drop-ins, events and services that are provided, arranged, organized, conducted, sponsored or authorized by the Village of Cumberland, and includes, but is not limited to: use of any and all of the Village of Cumberland's facilities and equipment; orientation and instructional courses and sessions; and other such activities, events, services and facilities in any way connected with or related to any of the foregoing.

In consideration of the Village of Cumberland agreeing to the Participant's participation in the Climbing Activities and permitting the Participant's use of its services, equipment and facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the Participant and their parent/legal guardian acknowledge and agree that:

- 1. The Village of Cumberland makes no representations regarding the safety of the Climbing Activities or regarding whether the Climbing Activities are appropriate for the Participant to undertake.
- 2. Climbing Activities are inherently risky activities that include known and unknown dangers, including but not limited to:

- a. All manner of injury resulting from falling off the climbing wall and impacting against the wall or ground or other persons.
- b. Injuries resulting from slips, trips, falls or the falls of other persons into the Participant while observing others engaging in Climbing Activities.
- c. Injuries resulting from being dropped to the ground while engaging in Climbing Activities.
- d. Failure of rope, slings, harness, climbing or belaying hardware, anchor points or any part of the climbing wall structure.
- e. Negligence of belayers, other participants, third parties or the Village of Cumberland.
- 3. The Participant and their parent/legal guardian acknowledge that the above list is not inclusive of all possible risks associated with Climbing Activities. The Participant and their parent/legal guardian have informed themselves to their own satisfaction of the nature of all such inherent risks, and THEY FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.
- 4. The Participant's involvement in the Climbing Activities has been undertaken voluntarily without any representations or inducements by the Village of Cumberland.

## We declare that we have read, understand and agree with this Consent and Acknowledgement Agreement:

Parent/Legal Guardian Last Name:	First Name:		
Address:			
Telephone:Relations	Relationship to Participant:		
Parent/Legal Guardian Signature:	Participant Signature:		
WITNESSED BY AN ADULT (Not the Signing Parent/Legal Guardian)			
Declared before me at the Village of Cumberland, BC this day of20	Witness Name:		

 BC this \_\_\_\_\_ day of \_\_\_\_\_\_ 20 \_\_\_\_
 Witness Address: \_\_\_\_\_\_

 Witness Signature
 Witness Phone: \_\_\_\_\_\_