



www.altitudegym.ca

35, Saint-Raymond Blvd., Gatineau, Québec, J8Y 1R5

Phone: 819-205-0959 Fax: 819-205-0960

PARTICIPATION AGREEMENT

DATE : _____

Waiver of liability, release of all claims, risk assumptions and indemnification agreement. By signing this, you give up certain legal rights including legal proceedings and lawsuits.

1. PARTICIPANT INFORMATION

<input type="text"/>	<input type="text"/>		
FIRST NAME	LAST NAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	APARTMENT #	POSTAL CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	PROVINCE	COUNTRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
PHONE # (HOME OR CELL PHONE)	E-MAIL ADDRESS	BIRTHDAY day month year	

2. EMERGENCY CONTACT

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
PHONE #	RELATIONSHIP WITH THE PARTICIPANT

3. RULES AND REGULATIONS

I understand that the rules and regulations given by the Altitude Gym and Clip 'N Climb staff are important to ensure the safety of all participants, and must be respected.

Description of risks:

I acknowledge that the following describes some risks of rock climbing and the use of its infrastructures:

1. Slips, trips, falls or painful crashes while using the facilities or equipment, climbing walls, bouldering areas, landing pits, floors below climbing areas, bathroom facilities, or stairs.

2. Injuries resulting from falling, including but not limited to, falling onto persons, falling and coming into contact with any walls, structures or ropes, or falling to the floor.

3. The presence, actions or falls of other participants.

I understand that the description of these risks are not complete and that other unknown or unanticipated risks may result in injury, illness or death.

4. SIGNATURES

THIS FORM MUST ALSO BE SIGNED BY A PARENT OR A GUARDIAN IF YOU ARE UNDER 18 YEARS OLD.

By signing this agreement, I give up all legal proceedings and lawsuits regarding Altitude Gym and Clip 'N Climb.

I acknowledge that I have read this agreement and that I fully understand, appreciate and accept the physical risks associated with my child's participation or mine at Altitude Gym. I confirm that the information I have provided is accurate and complete.

PARTICIPANT'S FIRST AND LAST NAME (PRINTED LETTERS)

PARENT OR GUARDIAN'S FIRST AND LAST NAME (PRINTED LETTERS)

PARTICIPANT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

DATE

5. HOW DID YOU HEAR ABOUT US?

1. LOCAL PAPER AND RADIO.

: _____

2. WEB SEARCH.

: _____

3. FRIEND, WORD OF MOUTH.

: _____

4. DRIVE BY.

: _____

5. OTHER: _____

6. ACCREDITATION (RESERVED TO ALTITUDE GYM PERSONNEL ONLY)

TOP-ROPE:

GRIGRI

ATC

OTHERS:

LEAD CLIMBING:

GRIGRI

ATC

OTHERS:

APPROVED BY : _____