

Adult Waiver Form and Safety Check (All Adults Must Complete)

I, \_\_\_\_\_, being at least 18 years of age and in good physical condition, hereby understand and acknowledge that the sport of rock climbing is extremely hazardous, and that the risk of injury while engaging in this sport is high. I further understand and acknowledge that **by engaging in the sport of rock climbing at BR Enterprises, LLC/Prime Climb, I subject myself to risk of injury, or even death, whether through the negligence of an agent or employee of BR Enterprises, LLC / Prime Climb, through the use of equipment which may be defective, or through other means.**

I understand and acknowledge the types of risks to which I am subjecting myself by engaging in the sport of rock climbing at **BR Enterprises, LLC / Prime Climb**, Possible risks include: injuries from any manner of fall while at the gym, injuries from contact or entanglement with any rope, other instruments or materials used in the sport of rock climbing. I understand that the aforementioned possible risks are not all-inclusive and that by climbing at **BR ENTERPRISES, LLC/Prime Climb**, I could be injured in some way not listed above.

In recognition of all the above, and in consideration of my use of facilities and programs offered by **BR ENTERPRISES, LLC/Prime Climb**, I **hereby assume all risk of injury and / or death and I release, discharge and hold BR ENTERPRISES, LLC/Prime Climb, harmless from any liability resulting from injuries and / or death suffered by me arising out of my use, whether proper or improper, of the programs or facilities at BR ENTERPRISES, LLC/Prime Climb.**

**I understand and acknowledge that by signing this wavier, I voluntarily waive valuable legal right to bring legal action against BR ENTERPRISES, LLC / Prime Climb, or any of its agents or employees, for any cause related to the negligence of BR ENTERPRISES, LLC / Prime Climb, its agents or employees, or for any cause related to the use of defective equipment provided by BR ENTERPRISES LLC / Prime Climb, or its agents or employees.**

Also, the undersigned acknowledges that he/she is proficient in the Safety Check and understands and will abide by **BR ENTERPRISES, LLC / Prime Climb**, Rules and Regulations as posted in the facility. Further, the undersigned acknowledges that he/she has had the opportunity to inspect the facility and ask any questions of **BR ENTERPRISES, LLC / Prime Climb**, employees prior to the signing this document. By signing this release, I expressly state that I have read this document and that I fully understand and accept its contents.

Signature	Name of Climber	Today's Date
Street Address	City/State	Zip Code
Phone Number	Alternate Phone Number	Email Address
Emergency Contact Number	Emergency Contact Name	Relationship to Climber

*For Internal use only – To be completed by Instructor*

PASSED TOP ROPE TEST	PASSED LEAD ROPE TEST	FAILED BELAY TEST	BOULDER CLIMBING	OUTDOOR CLIMBING	INDOOR LESSON CLASS	JUST CLIMBING	ROPES COURSE	TECH TRAINING
PARK & REC	GROUP PROGRAM	SCHOOL PROGRAM	YOUTH TEAM	TRY A CLIMB	BIRTHDAY PARTY	SCOUT TROOP	YOUTH SERVICE	RMF CCC CCM AMC