## Release

In consideration of my being permitted by Upper Limits, Inc. to participate in climbing activities, I agree to the following waiver and release, and I make the following representations.

I acknowledge the inherent risks in rock climbing activities. I agree to abide by all of the instructors rules, and if an instructor makes a specific request of or instruction to me, I agree to comply. I am physically fit and know of no medical or health reason why I should not participate in the activities associated with rock climbing.

I agree to assume all risk of personal injury that may occur while I am climbing. I hereby release Upper Limits, Inc., its owners, officers, employees, instructors, lessors, insurers, equipment manufacturers, and agents, from all liability for any such personal injury that I may incur.

## Parents and guardians take note!

Phone No.:(

If I am a parent or guardian of a minor climbing and receiving instruction from Upper Limits, Inc., whether or not I am present when the minor is climbing, I agree to indemnify and hold harmless Upper Limits, Inc., and the other parties released, in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs, and charges incurred by Upper Limits or any other party released, including attorney fees.

I understand that this release is a contract. I sign it of my own free will. I also understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive.

Signature of Climber		Leg	Legibly printed name		Date	
Signature of Parent, if Climber is under 18:		nder 18:	Legibly printed name			
Date	Address:	Street or PO Box	G:			
DatePhone No.:(	_)	Street or PO Box	City	State	Zip code	
			Release			
In consideration of following represe		tted by Upper Limits, Inc.	to participate in climbing a	ctivities, I agree to the	following waiver and rele	ase, and I make the
	ne, I agree to com	in rock climbing activitie ply. I am physically fit and				
		al injury that may occur whent manufacturers, and ag				employees,
agree to indemnif	r guardian of a mi	nor climbing and receiving ess Upper Limits, Inc., and I will pay all fees, costs, an	the other parties released,	in the event a minor me	mber of my family sues th	nem or any one of
		contract. I sign it of my enforceable, the rest of it sl		rstand that this contract	is severable; in other wor	ds, that if any part of
Signature of Clim	ber	Leg	ibly printed name		Date	_
Signature of Parent, if Climber is under 18: Legibly printed name						
Date	_ Address:	Street or PO Box	City	State	Zip code	