

Norwich University Climbing Wall Release Form

I want to use the climbing wall located in the Shapiro Field House. I acknowledge that using the climbing wall and participating in the activities sponsored by the Office of Student Activities Shaw Outdoor Center will require some skill, training and equipment for which I am solely responsible, and I know that all types of bodily injury and disability are a risk to participating in these activities. I know that Norwich University assumes no responsibility or liability for my participation at the climbing wall, and I agree to assume all the risks of participating in the activities at the climbing wall. Further, use of the equipment available for check out is at my own risk. I accept my responsibility for my own physical condition and conditioning. I know I am responsible for any medical expenses incurred by me as a result of participating in the activities at the climbing wall.

In consideration for the Office of Student Activities Shaw Outdoor Center permitting me to use the climbing wall, I agree to release Norwich University, its officers, agents and employees from any and all liability or causes of action whatsoever arising out of any damage, loss, injury or death as a result of my use of the climbing wall whether such damage, loss, injury or death results from the negligence of the University or its officers, agents or employees, or some other cause, and agree to indemnify and hold harmless the University and its officers, agents and employees from any such liability, claims, demands or causes of action.

This Agreement shall be governed by the laws of the State of Vermont without giving effect to any choice or conflict of law principles of any jurisdiction. This Agreement shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provision in this Agreement.

My signature below acknowledges that I have read, understand, and agree to the terms as stated above.

Participants Signature

Printed Name

Date

Parent or Guardian Signature
(For Participants under the age of 18)

Printed Name

Date

E-mail address

Student ID Number

Phone Number

Address

City

State

Zip

Top Rope Climbing and Belay Certification

The participant has successfully demonstrated the skills and knowledge necessary to safely climb and belay using a tope rope system.

Date Tested

Passed? (Y or N)

Signature of tester (only if passed)

Lead Belay Certification

The participant has successfully demonstrated the skills and knowledge necessary to safely belay a lead climber.

Date Tested

Passed? (Y or N)

Signature of tester (only if passed)

Lead Climbing Certification

The participant has successfully demonstrated the skills and knowledge necessary to safely climb on lead.

Date Tested

Passed? (Y or N)

Signature of tester (only if passed)
