

## Assumption of Risk Campus Recreation Indoor Climbing Wall

In consideration of the opportunity to participate in this activity, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: abrasions, contusions, strains, sprains, head injuries, emotional stress, paralysis, broken bones, injuries related to falling, faulty holds, improper use, or failure of climbing equipment, risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks that may occur that ISU cannot specifically anticipate and list here. I understand that the University does not require me to utilize the Climbing Wall, but I want to do so despite the possible dangers and risks.

I agree to be fully responsible for my conduct and to act at all times in a manner which does not jeopardize the safety of myself or other persons. I agree to follow all rules and instructions. I verify I have no physical or mental condition which would endanger myself or others by my participation. I understand that ISU reserves the right to remove me from the premises or not allow my access to the facilities if my behavior is deemed detrimental to the safety or welfare of others.

I further certify that I will wear proper protective equipment and I agree to abide by all rules of the sport, facility, and/or class as mandated by the Campus Recreation Center. I understand that injury may occur even when utilizing proper protective equipment and following climbing rules. I have read the Climbing Wall Policies and agree to abide by them. Additionally, I agree to advise staff if I do any damage or notice any damage to the wall, ropes, anchors, or other wall equipment. I also agree to advise the Climbing Wall Monitor if I witness or partake in any unsafe conduct.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances. I understand that ISU takes no responsibility for verifying my physical readiness for the Activity.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understand, and agree to the above:		
Name of Participant	Signature	Date
For Minor Participants: I am the parent of Agreement and voluntarily agree for mys		
Name of Parent/Guardian	Signature	Date
Emergency Contact:		
Name of Emergency Contact	Relationship	Phone Number

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