



2011

109 Grand Ave - Lafayette - La, 70503
(337) 981.8116 - www.rokhaus.com

Please Print in a Legible Handwriting.

First Name _____ Last Name _____

Address _____
(Street) (City) (State) (Zip)

Phone No. (_____) _____ Date of Birth _____

Email Address _____

ACKNOWLEDGEMENT OR RISK AND RELEASE FROM LIABILITY

There are elements of risk in climbing. Those risks can result in accidents causing personal injury, death or damage to personal property. Known risks include but are not limited to: slips, trips or falls while observing or participating, loose or damaged climbing holds, equipment failure, mistakes by me or my spotter/belayer or by other persons in the Rok Haus, or injuries from physical activity, such as strains and sprains. Also I understand that no one is infallible, the staff at the Rok Haus may be unaware of a participants abilities or limitations and may give inadequate warnings and or instructions. I am aware of these and numerous other unidentified risks associated with this activity

I confirm that I am 18 years old or older and am physically and mentally capable of participating in the activity. I assume full responsibility for any personal or bodily injury, death, or damage to personal property as a result of any accident that may occur to me while at the Rok Haus.

RELEASE AND PROMISE NOT TO SUE

I hereby agree to RELEASE FROM LIABILITY, and PROMISE NOT TO SUE Rok Haus Climbing Gym, its owner, operator, manager, employee, volunteer or agent of the Rok Haus, or any other person present at Rok Haus for injuries sustained by me while at the Rok Haus.

By signing I acknowledge that I have read and understood this document and agree to be bound by its terms.

Signature of Participant Date

PARENT'S OR GUARDIAN'S RELEASE

(Must be completed for participants under the age of 18)

I am the parent or guardian of the minor listed above. I have read and understand the above release and agree that its terms shall bind me as well as any minor child and our heirs, legal representatives and assignees.

Printed Name of parent/Guardian:

First Name _____ Last Name _____

Signature of Parent Date Signature of Guardian