



ALTITUDE GYM

www.AltitudeGym.ca

35 Boul. Saint-Raymond, Gatineau, Québec, J8Y 1R5

Phone: 819-205-0959 Fax: 819-205-0959



PARTICIPATION AGREEMENT

DATE: _____

1. Waiver of liability, release of all claims, risk assumptions and idemnification agreement. By signing this, you give up certain legal rights including legal proceedings and lawsuits.

2. PARTICIPANT INFORMATION

FIRST NAME

LAST NAME

ADDRESS

APPARTMENT #

POSTAL CODE

CITY

PROVINCE

COUNTRY

PHONE # (HOME)

E-MAIL ADDRESS

BIRTHDAY

month day year

3. EMERGENCY CONTACT

FIRST NAME

LAST NAME

PHONE #

RELATIONSHIP WITH THE PARTICIPANT

4. RULES AND REGULATIONS

I understand that the rules and regulations given by the Altitude Gym and Clip N Climb staff are important to ensure the safety of all participants, and must be respected.

Description of risks :

I ACKNOWLEDGE THAT THE FOLLOWING DESCRIBES SOME RISKS OF INDOOR ROCK CLIMBING AND THE USE OF ITS INFRASTRUCTURES.

1. Slips, trips, falls or painful crashes while using the facilities or equipment, climbing walls, bouldering areas, landing pits, floors below climbing areas, bathroom facilities, or stairs;

2. Injuries resulting from falling, including but not limited to, falling onto persons, falling and coming into contact with any walls, structures or ropes, or falling to the floor.

I understand that the description of these risks are not complete and that other unknown or unanticipated risks may result in injury, or death.

5. SIGNATURES

THE PRESENT MUST ALSO BE SIGNED BY A PARENT OR A GUARDIAN IF YOU ARE UNDER 18 YEARS OLD.

By signing this agreement, I give up all legal proceedings and lawsuits regarding Altitude Gym and Clip N Climb.

I acknowledge that I have read this agreement and that I fully understand, appreciate and accept the physical risks associated with my child's participation or mine at Altitude Gym. I confirm that the information I have provided is accurate and complete.

PARTICIPANT'S FIRST AND LAST NAME (PRINTED LETTERS)

PARENT OR GUARDIAN'S FIRST AND LAST NAME (PRINTED LETTERS)

PARTICIPANT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

DATE

6. HOW DID YOU HEAR ABOUT US ?

1. LOCAL PAPER AND RADIO.

: _____

2. WEB SEARCH

: _____

3. FRIEND, WORD OF MOUTH.

: _____

4. DRIVE BY.

: _____

5. OTHER : _____

7. ACCREDITATION (RESERVED TO ALTITUDE GYM PERSONEL ONLY)

TOP-ROPE: GRI-GRI ATC OTHER: LEAD CLIMBING: GRI-GRI ATC OTHER:

APPROVED BY