Semper Fit Court House Bay Climbing Wall
Acknowledgement of Risk, Waiver, Release and Liability:

PRIVACY ACT STATMENT

AUTHORITY, the information contained on this form is maintained under the systems of records notice MMN00010 (Personnel Services Working Files), 10 U.S.C. 1071-1087 and E.O. 116016, published February 22, 1993, 58 FR 10630. The information contained within is FOR OFFICIAL USE ONLY and may not be disclosed without the consent of the records subject, except under routine use. PURPOSE of this information is to provide a record for the use in the administration of programs concerning the personal welfare of Marines and their dependents. In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD ROUTINE USE pursuant to 5 U.S.C. 552a (b). DISCLOSURE MANDATORY

In consideration of being permitted to take part in the activity, or utilize the climbing wall as set forth here in, I expressly agree as follows. I hereby acknowledge that climbing and bouldering contain dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury, death, and property damage from any cause what so ever arising while participating in such activity. I am in good health and physically able to participate in any and all climbing activities. I consent to receive emergency medical treatment as deemed necessary by medical personnel. Treatment may be provided at a military or civilian medical facility. I hereby release and hold harmless the United States Marine Corps, Marine Corps Community Services Activity, its officers, agents, and employees from any and all litigation, claim, demands or actions, or any loss, damage or injury to myself or my property, that may cause what so ever as a result of my participation in the Camp Lejeune, Semper Fit Climbing Wall.

I understand that the climbing wall is 5 meters high, ranging from beginning to advanced degrees of difficulty, including overhangs, cracks, and hand holds. I hereby acknowledge and agree that the activity of rock climbing and the use of the Courthouse Bay Fitness Center have inherent risks. I have full knowledge of the nature and extent of all the risk associated with Wall Climbing and the use of the Climbing Wall, including but not limited to:

1. All manner of injury resulting from falling off the climbing wall and hitting holds, faces and projections, whether permanently or temporarily in place, or the floor.
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, lowering on rope and bouldering;
3. Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes or climbing hardware;
4. Cuts and abrasions resulting from skin contact with the climbing wall;
5. Failure of equipment, whether issued by Semper Fit Fitness Facilities or of my own property, including but not limited to ropes, harnesses, hardware, anchor points or any part of the climbing wall structure.
6. Muscle strain, contusions and rope bum caused by belaying another climber.

I further realize that not all risks are limited herein and acknowledge that I am voluntarily and willingly participating in this activity even though some risks are apparent and others are not identifiable.

Any qualified Semper Fit instructing Staff member may require the climber or belayer to re-take the Safety or Belay test if for any reason they believe that the climber's capabilities have degraded, are impaired, or are suspect.

In consideration of the use of the Climbing Area, I acknowledge that I have read and agree to abide by the Safety Policies.

Please Print and Fill Out This Form COMPLETELY

RANK/NAME _____ BIRTH DATE _____

UNIT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME/CELL/WORK PHONE _____

NAME OF EMERGENCY CONTACT _____ # _____

SIGNATURE _____ DATE _____

(Participant or guardian if participant is under 18 years of age)