



www.CTOBA.com

# Climb Time of Blue Ash

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In consideration of the services of Climb Time of Blue Ash, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CTOBA"), I hereby agree to release and discharge CTOBA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on an artificial climbing wall entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: falling off the wall; loose and/or damaged artificial holds; rented equipment failure; falling to the ground, on other users, or being fallen on by other users; abrasions from the walls, ropes, pads, or the floor; equipment failure; belay and/or belayer failure; climbing out of control or beyond one's personal limits; the negligence of other climbers, visitors, participants, or other persons who may be present; musculoskeletal injuries and/or over training; head injuries; or my own negligence. Furthermore, CTOBA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CTOBA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CTOBA's equipment or facilities, including any such Claims which allege negligent acts or omissions of CTOBA.
4. Should CTOBA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume—and bear the costs of—all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against CTOBA, I agree to do so solely in the state of Ohio, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CTOBA on the basis of any claim from which I have released them herein.

**I have had sufficient opportunity to read this entire document.  
I have read and understood it, and I agree to be bound by its terms.**

### MINOR PARTICIPANT (UNDER 18) INFORMATION

*\*Requires signature of Parent or Legal Guardian in the Box Below*

MINOR PARTICIPANT #1 - First Name, Last Name <i>(please print)</i>	Date of Birth
MINOR PARTICIPANT #2 - First Name, Last Name <i>(please print)</i>	Date of Birth
MINOR PARTICIPANT #3 - First Name, Last Name <i>(please print)</i>	Date of Birth

### ADULT PARTICIPANT AND SIGNATURE OF PARENT/LEGAL GUARDIAN

*I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OR MY CHILD(REN) OTHERWISE MAY HAVE.*

**X**

ADULT PARTICIPANT/PARENT OR GUARDIAN - First Name, Last Name	Signature	Date
ADDRESS - Street Address/Mailing Address <i>(please print)</i>	City, State	Zip
ADULT DATE OF BIRTH <i>(MM-DD-YYYY)</i>	Phone Number	E-Mail Address
EMERGENCY CONTACT <i>(Other Than Yourself)</i>	Relation	Phone Number