



Adult Name: _____ Age: _____ Sex: M / F Ph: (____) _____-

Adult Name: _____ Age: _____ Sex: M / F Alt. Ph: (____) _____-

Address: _____ City: _____ State: _____ Zip Code: _____

Minor's Section

(Print) Child: _____ DOB: ____/____/____ Sex: M / F (please circle)

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(Print) Child: _____ DOB: ____/____/____ Sex: M / F (please circle)

Acknowledgement of Risk and Release from Liability

I, (We), hereby make application for membership and training in Slidell Rocks Climbing Gym. Upon acceptance, I pledge to obey all company rules and regulations which are established for the purpose of keeping order of this company and for the protection of the members from injury. I recognize that there are risks involved in climbing that require my adherence to these rules.

I, (We), release and for ever discharge the landlord, Tru X-treme Enterprises, L.L.C., Slidell Rocks Climbing Gym, and the companies branches, teachers, instructors, agents, members, employees, representatives, volunteers, successors and all officials of the companies and assigns from all claims, actions demands, and suits of law or equity whatsoever which I, (we), my heirs, executors, administrators or assigns, may have against said companies, by reason of any and all known injuries, disabilities, diseases, damages, and physical, mental and emotional damages or death, losses and expenses sustained by me (or my child) or any heirs, executors, administrators as a result of any accident while engaged in any physical activity, exercise, training practice, contest, clinics, tournaments, promotional examination, demonstrations, games, traveling to or from any of the aforementioned, recreation and/or any individual acting as instructor and /or representing Slidell Rocks Climbing Gym.

I, (We), further acknowledge and agree that any medical, dental hospital or other expense, which may be incurred by me or any other person in my behalf in connection with any accident as foresaid become and is my sole and separate obligation and responsibility.

I, (We), waive any compensation and rights for any materials such as photographs, trophies, and the like, used by the companies for publication and/or publicity.

I, (We), hereby agree to RELEASE FROM LIABILITY and PROMISE NOT TO SUE the landlord, Tru X-treme Enterprises, L.L.C., and/or Slidell Rocks Climbing Gym, or any other person present at Slidell Rocks Climbing Gym.

PLEASE NOTE: This agreement is legally binding. By signing this you give up the right to recover compensation through the courts or otherwise, for any personal injury or damage to your personal property, in the classes or activities sponsored by Slidell Rocks Climbing Gym.

**Please read if Minor's Section is filled out
(Note: required of participant(s) not of legal age.)**

I am the Parent / Legal Guardian of abovementioned Minor(s). I have read and understood the above release and agree that its terms shall bind me as well as any minor child and our heirs, legal representatives and assignees. I further agree to indemnify and hold harmless Slidell Rocks Climbing Gym, Tru X-treme Enterprises, L.L.C. and / or landlord from any and all claims which are brought by, or on behalf of abovementioned Minor(s).

Adult Name: _____ (Print) _____ (Signature) Date: _____

Adult Name: _____ (Print) _____ (Signature) Date: _____