

The Rock Climbing Guide LLC Helmet Waiver

IF YOU HAVE NO PRIOR CLIMBING EXPERIENCE WE ASK THAT YOU WEAR A HELMET.

HELMET WAIVER

I, THE UNDERSIGNED, RECOGNIZE THE DANGERS INHERENT WITH CLIMBING ACTIVITIES. I WISH TO PARTICIPATE IN CLIMBING ACTIVITIES. I REALIZE THAT I AM SUBJECT TO INJURY FROM THIS ACTIVITY AND THAT NO FORM OF PREPLANNING CAN REMOVE ALL OF THE DANGER TO WHICH I AM EXPOSING MYSELF. I HAVE BEEN OFFERED A PROTECTIVE SAFETY HELMET, WHICH CAN PREVENT HEAD INJURY AND/OR PERMANENT BRAIN DAMAGE IN THE EVENT OF AN ACCIDENT. AGAINST THE ADVICE OF THE GUIDE, AND THE INSURANCE UNDERWRITERS, I AM REFUSING THIS CRITICAL SAFETY PRECAUTION. I AM ASSUMING ALL HAZARDS OF RISK UPON MYSELF.

CLIENT MUST WRITE BELOW, "I HAVE READ, UNDERSTOOD AND ACCEPT THE HELMET WAIVER":

NAME (printed): _____

DATE: _____ SIGNATURE: _____

If climber is under 18, this waiver must be signed by Parent or Guardian:

NAME (printed): _____

DATE: _____ SIGNATURE _____

Please briefly describe your climbing experience:
