

SPORT CLIMBING AUSTRALIA

Sport Climbing Australia Waiver 2016

Name:	Date of Birth:		
Address			
Email	Phone		
Sport Climbing Australia (SCA) and its affiliate Climbing Qld, Sport Climbing Tasmania, Sport its affiliated climbing facilities, RELEASE OF LIAB	Climbing Victoria,	Sport Climbi	ng South Australia) and
I HEREBY ACKNOWLEDGE & AGREE that I am familiar wi the inherent risks of the proposed activity & acknowledge th the inherent risks, dangers & hazards, incurred by partici- life and home or work. Such risks including but not limited using the facilities or equipment, or failure of equipment equipment who may come in contact with me or from any fa	at the enjoyment & excit pation in an activity wh to personal injury, or de t, or injuries or death	ement of the ace ere risks are greath resulting from	tivity is derived in part from reater than accepted safety of from slips, trips, or falls while the fall of other persons or
I understand that Sport Climbing Australia Inc and responsibility for the condition of my personal climbing e			_
& dangers & hazards & the possibility of personal injury, deciginated climbing facility & equipment & agree as follows: TO INDEMNIFY AND RELEASE that Sport Climbing A facilities, (including their employees, volunteers, officials an next of kin may have or which may otherwise have been (including death) or property damage or loss sustained by participation in activities sanctioned by 'SCA' and its affiliations mentioned above, irrespective of VANY NEGLIGENCE ON THE PART OF 'SCA' and its EMPLOYEES, VOLUNTEER ASSISTANTS, AGENTS &/OR OTHE	ath, property damage or sustralia. Inc. and its dagents) from all and a brought on the applicant arising of the applicant arising the applicant arisi	loss resulting the affiliated state my claim or der t's behalf in religiout of or in coor the use of ed OR LOSS OCCU above, THEIR	organization and climbing mand which the applicant or ation to any personal injury onjunction with the applicant's quipment/officials provided by JRS AS A CONSEQUENCE OF OFFICIAL REPRESENTATIVES
Signature:	Signed on this the _	of	2016
PARENT OR GUARDIAN, if climber is under 18 years old). The (including its representatives &/or agents) from all & any claic completing this form undertakes to ensure that the applicant	m which otherwise migh	t be made again	