

UNCW ADVENTURE RECREATION PROGRAMS

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK
ROCK CLIMBING ACTIVITIES**

I understand and accept that Rock Climbing exposes me to numerous known and unanticipated risks which could result in personal injury, illness, death or damage to myself, or my property. Some of the risks or factors creating risk include, but are not limited to the following:

- The hazards of traveling in steep terrain, including the potential of falling
- Rock hazards including loose rocks falling from above, climbing or rappelling on unfamiliar, steep, and sometimes unstable rock faces
- Using harnesses, ropes, carabiners, and other climbing equipment
- Man-made objects falling from above including but not limited to ropes, carabiners, other climbing gear, packs, cameras, and personal gear
- Carrying ropes and other climbing equipment
- Hiking or walking in rugged terrain, including slippery rocks
- Injuries inflicted by animals, insects, reptiles or plants
- The forces of nature including lightning, weather changes, hypothermia, hypothermia, sunburn, high winds, and others not named
- The physical exertion associated with the outdoor activity
- Traveling in a vehicle not driven by me

I agree to accept and assume all responsibility for and risk of personal injury, illness death or damage to myself, or my property arising from my participation in this rock climbing activity. My participation is voluntary. I choose to participate in this rock climbing activity in spite of these named and unnamed risks. I am solely responsible for deciding to participate in this activity.

I understand my responsibility in decision-making. I agree to obey all Adventure Recreation Programs rules and regulations while participating in this rock climbing activity.

I have carefully read and understand this Acknowledgment and Assumption of Risk, I also understand that I will be asked to read carefully, understand and sign a separate Release of Liability.

Participant's Signature	Printed Name	Date
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Parent or Guardian's Signature (if under 18 years of age)	Printed Name	Date
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Emergency Contact Name: _____ **Relation to Participant:** _____

Home Phone: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____

