

**UNIVERSITY OF WYOMING
ANNUAL RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS**

I am aware that participation in rock climbing activities may be a dangerous activity involving A RISK OF INJURY ranging from minor injury to serious injuries up to and including paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. I am aware of my medical and physical conditions and have determined that I am appropriately fit to participate in all activities associated with rock climbing.

Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions or rules of the University of Wyoming. I understand that the University of Wyoming recommends or requires the use of various equipment including specified types of helmets, harnesses, and belay devices. The University of Wyoming will make such equipment available to me when climbing at University of Wyoming facilities and I have the option to use the University of Wyoming equipment or my own equipment as well as the option to reject the use of any safety equipment that is recommended but not required. I hereby acknowledge that this is my choice, I make it voluntarily and this release applies to the result of any such decision on my part.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment. In consideration of the University of Wyoming providing me the opportunity to participate in rock climbing activities at the indoor rock climbing facility or any other climbing anywhere at any time, I hereby assume all the risks associated with my participation, including use of University facilities and equipment and any and all other activities incidental to my participation, regardless of cause or how they occur.

I agree to hold the University of Wyoming, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, attorney fees, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing/agreeing to this document. I further understand that this release and assumption of risks remains valid for all of my participation in the stated activities until I take affirmative action to rescind this waiver.

PRINTED NAME WyoOne #

SIGNATURE DATE

IF THE INDIVIDUAL ABOVE IS UNDER 18 YEARS OF AGE:

I, being the parent or legal guardian of the above participant, _____, who is under the age of 18, have read the above statement and fully understand the contents, consequences and implications of signing this document.

PRINTED NAME SIGNATURE DATE