Climbing Wall Waiver

By enrolling in UW-River Falls (UWRF) Campus Recreation programs, participant understands these activities carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. They range from simple scrapes and bruises to bone fractures, heart attack, paralysis and death. Therefore, you are advised to seek the approval of your physician before participating and to have health and accident insurance in effect as no such coverage is provided by UWRF, the Board of Regents for UW-System, or the State of Wisconsin.

The participant agrees to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-River Falls, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the participant in the course of engaging in Campus Recreation programs.

Participant understands that UWRF may take photographs and or videos of participants and activities. Participant agrees that UWRF shall be the owner of and may use such photographs and or videos relating to the promotion of future programs. Participant relinquishes all rights that may be claimed in relation to the use of said photographs.

Participant authorizes UWRF and its designated representatives to consent, on his/her behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. Participant agrees to be responsible for all necessary charges incurred by any hospitalization or treatment rendered related to this authorization.

Parents enrolling their child (under 18 years of age) in UWRF Campus Recreation programs agree to these terms on behalf of their child.

_________________________  __________________________
Participant’s Name (Please Print)  UWRF ID#

_________________________
Participant’s Signature

_________________________
Date

_________________________
Parent/Guardian Signature (if participant is under 18)

_________________________
Date