

CLIMBER AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK
CITY OF SPRINGFIELD, MO, AND SPRINGFIELD-GREENE COUNTY PARK BOARD

In consideration of the services offered by the City of Springfield, Springfield-Greene County Park Board and Chesterfield Family Center, its officers, agents, employees, and all other persons or entities acting in any capacity on its behalf, I hereby agree to release and discharge the City of Springfield and Springfield-Greene County Park Board, on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the activity I am about to engage in bears known risks and unanticipated risks that could result in injury, death, illness, disease, emotional distress, or damage to myself, to property or to third parties. The following describes some, but not all, of those risks: climbing on, or falling off, the artificial climbing structures; falling to the ground, on other users or being fallen on by other users; abrasions from the walls, ropes, cables, pads, or the floor; equipment failure, belay failure, or climbing out of control or beyond ones personal limits.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the City of Springfield and Springfield-Greene County Park Board. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I will have no right to make a claim or file a lawsuit against the City of Springfield or Springfield-Greene County Park Board, its officers, agents, employees, or any other persons or entities acting in any capacity on its behalf, even if they or any of them negligently caused such injury or damage.
4. Should the City of Springfield, Springfield-Greene County Park Board or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may suffer while participating in this activity, or else I agree to bear the costs of such injury or damage myself.
6. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the climbing wall and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any losses or damage, including death, I sustain while using the climbing wall and that by this agreement, I am relieving the City of Springfield and Springfield-Greene County Park Board of any kind and all liability for such loss, damage, or death.
7. I further certify that I am in good health and have no physical limitations that would preclude my safe use of the climbing wall.

THIS AGREEMENT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER OF FUTURE CLAIMS AGAINST THE CITY OF SPRINGFIELD, INCLUDING THE SPRINGFIELD-GREENE COUNTY PARK BOARD, ITS OFFICERS, AGENTS, AND EMPLOYEES. MY SIGNATURE BELOW INDICATES THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT AS WELL AS POSTED CLIMBING WALL RULES. I HAVE READ THIS DOCUMENT IN ITS ENTIRETY AND UNDERSTAND IT AFFECTS MY LEGAL RIGHTS. I AGREE TO BE BOUND BY ITS TERMS.

Climber Information

Print Name:		
Telephone Number#:	()	Other: ()
Address:		
City/State/Zip Code:		
Emergency Contact & #:		
Today's Date:		Sex: M / F (circle)
Date of Birth:		Weight:
Signature of Participant:		

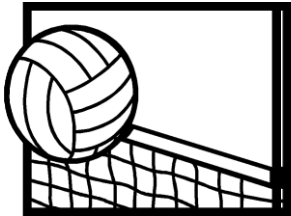
PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18):

In consideration of _____(print minor's name)
 ("Minor") being permitted by the City of Springfield, Springfield-Greene County Park Board, and Chesterfield Family Center to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the City of Springfield and Springfield-Greene County Park Board from any and all claims that are brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor.

Parent or Guardian Signature: _____ Print Name _____

Today's Date: _____ Chesterfield Family Center Staff _____

CFC Open Gym & Rock Wall Schedule



Monday	5am - 10pm	Rock Wall: 4 - 7pm
Tuesday	5am - 10pm	Rock Wall: 4 - 7pm
Wednesday	5am - 10pm (<i>Open Volleyball 6-10 east side</i>)	Rock Wall: 4 - 7pm
Thursday	5am - 10pm	Rock Wall: 4 - 7pm
Friday	5am - 10pm *	Rock Wall: 4 - 7pm *
Saturday	7am - 8pm (<i>Open volleyball 7am-1pm east side</i>) *	Rock Wall: 4 - 7:30pm
Sunday	10am - 6pm *	Rock Wall: 2 - 5pm *



*** NOTE:**
Gym and Rockwall schedule is subject to change, check with the front desk for adjustments.

Please check with the front desk or parkboard.org for changes.

Updated: 07/09