REGISTRATION FORM

Guests Name_____

Address_____

City_____ State _____ Zip_____

Home Phone_____ Work Phone_____

Date of Birth_____ Sex_____

Who to contact in case of emergency

Name_____ Phone_____

Do you have any medical conditions? ☐ Yes ☐ No. If so, explain:
_____
_____

Do you have any allergies? ☐ Yes ☐ No. If so, explain:
_____
_____

Are you taking any medication? ☐ Yes ☐ No. If so, explain:
_____
_____

Do you have any dietary restrictions? ☐ Yes ☐ No. If so, explain:
_____
_____

Do you carry medical insurance? ☐ Yes ☐ No. If so, company or provider:
_____

Signature:_____Date:_____

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK for the year of _____.

In consideration of the services of New Heights Rock Gym, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "N.H.R.G."), I hereby agree to release and discharge N.H.R.G., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on an artificial climbing wall entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: falling off the wall; loose and/or damaged artificial holds: rented ropes, pads, or the floor; equipment failure; belay and/or belayed failure; climbing out of control or beyond ones personal limits; the negligence of other climbers, visitors, participants, or other persons who may be present; musculoskeletal injuries and/or over training; head injuries; or my own negligence.

Furthermore, N.H.R.G. employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

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, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless N.H.R.G. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of N.H.R.G.'s equipment or facilities, including any such Claims which allege negligent acts or omissions of N.H.R.G..

4. Should N.H.R.G. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume--and bear the costs of--all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against N.H.R.G., I agree to do so solely in the state of Oklahoma, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against N.H.R.G. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant:_____Print Name:_____
Address:_____Zip_____
Phone:_____Date:_____

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 N.H.R.G. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless N.H.R.G. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____Print Name:_____Date:_____