

# HIGH ALTITUDE FITNESS

## CONTRACT AND RELEASE

This Contract and Release ("Release") executed on \_\_\_\_\_ by and  
(date)  
between \_\_\_\_\_ of \_\_\_\_\_  
(print name) (address)  
city of \_\_\_\_\_, state of \_\_\_\_\_, hereinafter  
referred to as Releasor, and High Altitude Fitness, a Nevada corporation.

I, Releasor, being lawful age, legally competent, hereby acknowledge and agree that I have voluntarily applied to participate in artificial rock climbing, instruction, training conducted by High Altitude Fitness at its location at 880 Northwood Boulevard, Incline Village, Nevada and that the execution of this Release is an important part of High Altitude Fitness's consideration for allowing me to climb, train or receive instruction at its facility.

I AM AWARE THAT THE ARTIFICIAL ROCK CLIMBING, INSTRUCTION, AND TRAINING ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT SOLE RESPONSIBILITY FOR ALL RISKS OR INJURY OR DEATH. SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- \_\_\_\_\_ 1. Injury or death resulting from the negligence of the operators, employees, or volunteer assistants of High Altitude Fitness, or the negligence of other climbers, observers, designers, manufacturers or installers of the climbing wall;
- \_\_\_\_\_ 2. Injury or death resulting from the failure or negligent misuse of the climbing wall equipment;
- \_\_\_\_\_ 3. Injury or death resulting from the fall of other persons who may come into contact with me or from falls in which I come into contact with other persons;
- \_\_\_\_\_ 4. Injury or death resulting from slips, trips or falls while using the climbing wall;
- \_\_\_\_\_ 5. Injury or death resulting from the negligence or lack of adequate training of those persons at High Altitude Fitness who seek to assist with medical or other help either before or after injuries have occurred.

As material consideration for being permitted by High Altitude Fitness to participate in these activities and use their facilities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute High Altitude Fitness or any of its officers, directors, agents, lessors, affiliates, employees or contractors for any injury or damage resulting from the negligence or other acts, howsoever caused, by and person or entity as a result of my participation in artificial rock climbing. In addition, I hereby release and discharge High Altitude Fitness and its officers, directors, lessors, agents, affiliates, employees and contractors from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in any way in artificial rock climbing activities at High Altitude Fitness. This is a legally binding Agreement and by signing this Agreement, I acknowledge that I am giving up my right to bring court action to recover compensation or obtain any other remedy for any injury to myself or property or for my death however caused arising out or engaging in indoor rock climbing activities at High Altitude Fitness.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND HIGH ALTITUDE FITNESS AND I HAVE SIGNED IT OF MY OWN FREE WILL. NO ORAL REPRESENTATIONS HAVE BEEN MADE TO ME THAT IN ANY WAY ALTER OR MODIFY THE TERMS OF THIS RELEASE.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

# HIGH ALTITUDE FITNESS INFORMATION FORM

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (MI)

Age: \_\_\_\_ years Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Telephone: Home:( )-\_\_\_\_-\_\_\_\_ Work:( )-\_\_\_\_-\_\_\_\_ Cell ( )-\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Climbing Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( )-\_\_\_\_-\_\_\_\_ OR ( )-\_\_\_\_-\_\_\_\_

## STAFF USE: (Adm.) \_\_\_\_\_

Note: Climber must satisfy each requirement/qualification to become certified

YES NO

Basic Climbing Certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Demonstrates ability to tie complete figure eight knot.  
Demonstrates safe harness use (correct fit and doubled back)

Basic Belay Certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Demonstrates ability to properly rig belay device.  
Maintains proper slack/tension throughout the climb.  
Uses proper technique when taking up slack.  
Uses proper lowering technique; lowers climber slowly.

Lead Climbing Certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Climber has either (a) prior leading experience or (b) acquired leading skills and knowledge through top roped practice leads.  
All quickdraws clipped without any backclips or "Z" clips.  
Climber demonstrates solid leading skills and completes entire test route in a confident manner.

Lead Belay Certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Maintains proper position to support climber during initial slips and throughout climb.  
Maintains proper amount of rope slack during and after clips throughout climb.  
Uses proper climbing commands and maintains communication with climber.  
Demonstrates ease and competency in handling the belay device.