



CONDITIONS OF ENTRY TO ROCK IT CLIMBING CENTRE:

INDIVIDUAL INDEMNITY WAIVER

Terms of participation in Rock It Climbing Centre Pty Ltd activities
 Agreement with Rock It Climbing Centre Pty Ltd ACN 161 967 522 ("Rock It") Terms, waiver, release and indemnity

"Participant" or "I" means the person intending to be involved in Rock It activities whether at the climbing centre in Hobart, or at outside venues including at Falls Festival Rock It facilities ("the activities").

"You" and "Rock It" means Rock It Climbing Centre Pty Ltd (the company) and its employees, managers, agents and contractors.
 This is a legal document: it affects your rights.

I acknowledge and agree:

- that the activities organised or conducted by you are in the nature of an 'extreme sport' and as such, have inherent dangers and risks, including risk of injury or death to me and other people.
- That due to the nature of the activities it would be unreasonable for Rock It to be in any way responsible for any injury to me or my death, howsoever arising out of or in relation to my or others' participation in the activities conducted or organised by Rock It, including without limitation, liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty, on the part of Rock It, its office bearers, directors, employees, managers, agents or contractors.
- That I have undertaken the activity freely, voluntarily and absolutely at my own risk and with a full appreciation of the nature and extent of all risks involved in the activity.
- This waiver binds me and my executors.
- I am in good health and physically and mentally fit.
- I must comply with Rock It's rules and regulations regarding use of equipment in the climbing centre or elsewhere.
- I indemnify you against all liability (including liability for your negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in the activities.
- I am fully responsible for the security of my personal belongings at the place where the activities occur.

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.

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| PARTICIPANT: This form must be printed and signed before ANY activity can occur. | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME: | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB | | | | / | | | / | PHONE: | | | | | | | | | | | | | | | | | |
| TODAYS DATE: | | | | / | | | / | Signature: (parent or guardian if under18) | | | | | | | | | | | | | | | | | |