TUFTS UNIVERSITY
WAIVER AND RELEASE OF LIABILITY

(READ BEFORE SIGNING)

PE 23 ROCK CLIMBING

In consideration of my participation in Rock Climbing activities including transportation to and from activities, the undersigned acknowledges, appreciates, and willingly agrees that

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard, I will remove myself from participation and bring such to the attention of the nearest instructor, supervisor or guide immediately;

2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the environmental conditions or from any of the equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death.

3. I knowingly and freely assume all risks, both known and unknown, even those arising from the negligent acts or omissions of others and assume full responsibility for my own participation.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Trustees of Tufts College, its officers, students, faculty, staff and volunteers and if applicable owners and lessors of premises used to conduct the activity, all of which are hereinafter referred to as “releases”, with respect to all and any injury, disability, death, or loss or damage to persons or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participants Signature: ______________________________

Printed Name: ______________________________

Date: ______________________________