## **Gravity Climbing Gym Release Form**

Participants Printed Name	Telephone	Date of Birth
This is a Release of In consideration of being allowed to partic program, related events and activities, the		CLIMBING GYMS INC.
1. The risk of injury from the activiti potential for permanent paralysis and deat may reduce risk, the risk of serious injury	h, and while particular rules, equip	
2. I KNOWINGLY AND FREELY A assume full responsibility for my participa		n known and unknown, and
3. I willingly agree to comply with the however I observe any unusual significant myself from participation and bring such the	hazard during my presence or par	ticipation, I will remove
4. I, for myself and on behalf of my release and hold harmless GRAVITY CLU employees, other participants, sponsoring lessors or premises used to conduct the evidamage to person or property.	MBING GYMS INC., their officer agencies, sponsors, advertisers, an	rs, officials, agents and/or d, if applicable, owners and
I have read this release of liability and assumderstand that I may have given up subst without inducement.		
Participant Signature		Date
This is to certify that I, as a parent/guardia agree to his/her release as provided above kin, I release and agree to indemnify the R child's involvement or participation in the	all the Releasees, and, for myself, teleasees from any and all liabilities	participant, do consent and my heirs, assigns, and next of es incident to my minor
Parent/Guardian Signature		Date

Parents with concerns are encouraged to telephone or visit Gravity. (905) 522-8778 www.gravityclimbinggym.com