



## DISCLAIMER AND ACCEPTANCE OF RISKS

First Name  
roberto

Last Name  
gonzalez

Phone  
+526181747263

Date of Birth  
25/09/2007

Email  
robertogonzalezcarrola@gmail.com

Emergency Contact Name  
flor carrola

Emergency Contact Phone  
+526181272224

With regard to the services offered by Alza, its agents, owners, authorities, volunteers, participants, employees and all other persons or entities acting in any capacity on behalf of said company, I declare the following:

1. I expressly agree and of my own free will to carry out the physical activities and exercises practiced in these facilities, following at all times the safety recommendations and guidelines established for said activities.
2. I recognize and understand that the practice of physical activity implies the possibility of suffering physical injuries and/or significant risks, known and unknown, that may affect me or third parties.
3. I expressly agree to assume and accept any risk existing at the time of carrying out these activities.
4. I release Alza and its managers, collaborators, employees or any person related to Alza from all civil, criminal, contractual and extra-contractual liability for any accident, injury or death, which is in any way related to my participation in this activity, which is completely voluntary; and I agree to indemnify Alza and any other person acting on its behalf in the event of incurring fees and costs arising from any legal action related in any way to my activity carried out within the facilities.



5. I accept that my physical and health condition is adequate to carry out physical activities and that I do not have any illness or condition that puts me at risk and/or that may be aggravated by the activity I am going to carry out, and that it is not contagious or compromises the health status of other users.

6. If a minor uses Alza's facilities with the prior authorization of his/her father, mother or guardian, I agree to indemnify and hold Alza harmless from any claim that may be made by or on behalf of the minor and that is in any way related to the minor's use or participation.

7. I authorize Alza to take and use any photograph or recording within the facilities, provided that it is related to my activity within the facilities and not to receive any type of compensation in return.

8. I declare that I have read, understand and accept the terms of this agreement in its entirety.

By signing this document I accept the conditions of use and declare that I know the Regulations and Safety Standards of Alza Climbing.

First Name: roberto      Last Name: gonzalez

A blue ink signature in cursive script, appearing to read "roberto gonzalez".

Date 16/12/2025      Signature

I agree to receive marketing emails

I agree that my photos are used for marketing purposes.

A blue ink signature in cursive script, appearing to read "roberto gonzalez".

Date 16/12/2025      Signature