

## **Customer Liability Waiver**

### **Wall Climbing Gym – Assumption of Risk and Release of Liability**

#### **Personal Information / Data Pribadi**

- Full Name Olga Nikolaeva
- Date of Birth 17/03/1996
- Address Bali, Бали, Индонезия
- Phone +79271781043
- Email: organikolaeva1796@gmail.com

#### **Acknowledgment of Risk**

I, the undersigned, acknowledge that indoor climbing and related activities (bouldering, top rope, lead climbing, training) involve inherent risks such as falls, equipment failure, injury, disability, or death. I voluntarily accept these risks and take full responsibility for my participation.

#### **Health and Fitness Declaration**

I declare that I am in good physical condition and have no medical condition that prevents me from climbing safely. I will inform staff if any health issues arise.

#### **Assumption of Responsibility**

I agree to follow all gym rules, staff instructions, and use equipment properly. I accept full responsibility for any injury or accident that occurs due to my actions, others, or the facility conditions.

#### **Release of Liability**

By signing this waiver, I release the Wall Climbing Gym, its owners, staff, and affiliates from

any claims or legal responsibility for injury, accident, or property loss arising from my participation.

### **Image amp; Media Rights**

By becoming a member or using Rock Island facilities, you grant Rock Island permission to take photos/videos of activities within the gym and to use them for promotional purposes, social media, and publications. If you do not wish for your face to be shown, please inform our staff.

### **Consent for Minors**

If the participant is under 18 years old, I, the parent/guardian, give consent for my child to participate and accept full responsibility as stated in this waiver.

Name of Minor Ivan

Date of birth 22/04/2017

Name of Minor

Date of Birth

Parent/Guardian Name / Olga Nikolaeva

Signature / Tanda Tangan: \_\_\_\_\_

Date / 28/12/2025



### **Acknowledgment amp; Signature**

I have read, understood, and voluntarily signed this waiver.

Participant's Signature \_\_\_\_\_

Date / 28/12/2025



