Liability Release Form

Initial Here

I HEREBY ACKNOWLEDGE AND AGREE that the sport of indoor rock climbing and the use of the facility ASAP CONTRACTING SERVICES LLC DBA SUNSATION YOGA, a California Partnership (herein after referred to as Sunsation Yoga), its climbing walls and other training facilities, has inherent risks. I have full knowledge of the nature and extent of all the risks associated with indoor/outdoor rock climbing and the facilities, and have had any questions about the same explained to me, including but not limited to:

- 1. All manner of injury resulting from falling off the climbing wall and hitting rock faces and projections whether permanently or temporarily in place, or the floor.
- 2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing walls such as, but not limited to, climbing, belaying, lowering on the rope, and any other rope techniques.
- 3. Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes, climbing hardware, and dropped or broken holds.
- 4. Cuts and abrasions resulting from skin contact with the climbing walls or floor padding.
- 5. Failure of ropes, slings, bolts, chains, climbing hardware, anchor points, or any part of the climbing wall structure.

I further acknowledge that the above list is not inclusive of all Sunsation Yoga and that the above list is no way limits the ex I choose to use Sunsation Yoga's facility and equipment and a 1. To waive and release any and all claims that I have of Sunsation Yoga, including the owners, operators, em the designers, manufactures or installer of the climbinary.	ctent or each waiver and covenant not to sue, gree as follows: or may have in the future against aployees and representatives, as well as
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In consideration of my use of Sunsation Yoga, I undersigned us accordance with its established safety policies and procedures INDEMNIFY AND HOLD HARMLESS Sunsation Sumployees from any and all cause of action, claims, demands, arising out of or in anyway relating to my use of Sunsation Your any third parties who may be injured on account of or in any	s and agree to Yoga, its officers, agents, owners, and losses or costs of any nature whatsoever oga, whether asserted by the Sunsation Yoga
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This agreement shall be effective and binding upon my heirs, and assigns, in event of my death.	next of kin, executors, and administrators
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By signing this agreement, I waive my right to bring a court a other remedy for any injury to myself or my property or for m use of the facility Sunsation Yoga, now or anytime in the futuor that of its officers, agents, owners, or employees.	y death, however caused, arising out of my
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I agree to pay for all legal fees accumulated by Sunsation Yog my behalf.	ga, incurred by any claims made by me or on
Initial Here	
Users Signature	Print Name

Users Home Address	
Telephone (Home)	
Telephone (Cell)	
Emergency Contacts Name	
Emergency Contacts Phone Number	
Users Date of Birth	
E-mail Address	
IF USER IS UNDER THE AGE OF 18 YEARS OLD MUST CONSENT: I, as parent or legal guardian of the abordonsent to the terms and conditions set forth in this release form	ove minor under 18 years of age hereby
Signature of Parent/Legal Guardian	Date
Telephone Where You Can Be Reached PARENTAL/GUARDIAN HOLD HARMLESS: In a Sunsation Yoga by the above identified minor, I agree to indentits officers, agents, owners, and employees from any and all carcosts of any nature whatsoever arising out of or in any way relaced in the control of the	nnify and hold harmless Sunsation Yoga, uses of action, claims, demands losses or
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I certify that I am of lawful age (18 years old) and otherwise leg further understand that the terms off this agreement are legally agreement, after having carefully reading it, of my own free wi	binding and I certify that I am signing this
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Users Signature	Date