

# CLIMBING EXPERIENCE PROGRAM PARTICIPANT LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT



Idaho Department of Parks and Recreation  
City of Rocks National Reserve  
Castle Rocks State Park

I, \_\_\_\_\_, (herein referred to as "Participant")  
(Print name)

being of lawful age, and in consideration of being provided an introductory climbing experience, do hereby verify that I understand and realize that the introductory climbing experience involves inherently dangerous risk and hazards and may result in injury to me or even my death. I knowingly and voluntarily assume all such risks of injury that I may sustain while participating in the introductory climbing experience, and waive, release and discharge the State of Idaho and Idaho Department of Parks and Recreation, and its Agents, Officials and Its Employees, from and against all liability to the Participant for any and all loss or damage, and/or claim, suit or demand on account of injury to the person or property of the Participant or resulting in the death of the Participant, whether due to normal or naturally occurring conditions, or otherwise while the Participant is engaged in the introductory climbing experience. Participant certifies that he/she has carefully read the above provisions, and knows and understands the contents, and signs this Liability Waiver and Assumption of Risk Agreement of his/her own free will.

I further affirm my understanding that the introductory climbing experience is for amusement and recreational purposes only, and is not intended to provide me with the training necessary to attempt any unsupervised climbing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(If participant is under 18, Waiver must be signed by parent or legal guardian)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness must be IDPR employee)

<b>TO BE COMPLETED BY PARK OFFICIAL:</b>	
____ Number of adults	Designated Employee:  
____ Number of Youth	
____ Number in group	
Name(s) of Supervising adult(s) _____	
Climbing Experience Location _____ Reservation Time _____	
RADIO CHECK-IN TIME:	RADIO CHECK-OUT TIME: