



THE HIVE BOULDERING GYM

ACKNOWLEDGEMENT, CONSENT, AND UNDERSTANDING OF RISK SCHOOL VERSION

To: Honeycomb Climbing Inc. and its directors, officers, employees, representatives, agents, and affiliates (the **Gym**)

I (the **Climber**) have signed up to participate in various rock-climbing, bouldering, and related indoor and outdoor activities (the **Activities**) put on by the Gym as part of School Programs and which may take place at The Hive Bouldering Gym's facilities and at any other property where the Gym conducts Activities including parks, schools, and outdoor climbing sites (the **Facilities**). I understand that the Activities, as well as travel to and from the Activities, are inherently dangerous and carry significant risks that I fully accept.

ACKNOWLEDGEMENT OF RISK

I fully understand that the Activities are inherently dangerous and that participating in them carries risks of bodily injury which includes without limitation: death, brain injury, paralysis, wounding, bruising, abrasions, and other bodily or psychological injury (**Personal Injury**). I also understand that my personal property which I bring to the Facilities can be stolen or damaged (**Property Loss**) through no fault of the Gym. I understand that travel to and from various sites is inherently dangerous, and the reasonable risks associated with travel cannot be avoided.

DAMAGE & LOSS TO OTHERS

I also understand and agree that while participating in the Activities I could cause damage or loss to other participants and to other people who are at the Facilities. I agree to follow instructions as laid out by any member of the Hive Staff team (the **Staff**) to avoid causes such damage or loss. I acknowledge the Gym reserves the right to exclude me and any other persons from the Facilities at its sole discretion.

HEALTH CONCERNS

The Climber certifies that he or she is not aware of any medical or health conditions that preclude him or her from climbing. If such conditions do exist, please note these here: _____

CLIMBERS UNDER 19 YEARS OF AGE AND PARENTS OF SUCH CLIMBERS

I am under 19 and I understand that my parents/guardians must agree to and sign the agreement below. I/we understand and agree it is binding on me, my heirs, representatives, assigns, and administrators. The laws of British Columbia will govern this document. This is the entire agreement between me and the Gym respecting the matters addressed herein. In this case, because the Climber is a minor, and the undersigned is/are the parent(s) or guardian(s) of the Climber, he or she:

- Certifies that there is no other person who has legal entitlement to make decisions on behalf of the Climber;
- Consents to the Climber participating in the Activities according to the terms;
- Agrees to be bound by the terms as if the undersigned was the Climber and all references to the Climber shall be deemed to also be references to the undersigned.

Climber/Participant Signature		Date of Birth	Age
Print Name	Medical Concerns (Y/N)	Date	
Parent or Guardian Signature			
Print Name	Emergency Contact (Phone)	Date	
Climber Name (<i>referred to interchangeably as I and the Climber</i>)		Date of Birth DD/MM/YY	Age

WARNING: Bouldering is an activity which involves significant and inherent risks.
I have read this agreement carefully, and I understand and acknowledge the risks involved.

Initials