



# KATHMANDU SPORT CLIMBING CENTER PVT. LTD

RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
(hereinafter referred to as the "release agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM  
COMPENSATION FOLLOWING AN ACCIDENT FOR DURATION OF 2 YEARS  
PLEASE READ CAREFULLY!**

### Participant Details

PLEASE FILL OUT THIS FORM IN BLOCK LETTERS

Name                      Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Country: \_\_\_\_\_

### Emergency Contact

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

I agree that this document is a legally binding agreement. By signing this agreement, I am acknowledging that I have read, understood and accepted the terms and conditions stated in this agreement. I further acknowledge and agree that I am waiving my rights to bring a court action to recover compensation or obtain any other remedy for any injury to my property or myself.

**Acknowledgement:** I acknowledge that there are significant elements of risk associated with the sport of rock climbing, bouldering, fitness training regimes, and other similar activities provided by Kathmandu Sport Climbing Center. I further acknowledge the nature and extent of the risks inherent in climbing and the use of the facilities, including but not limited to injuries and death resulting from falling and crashing into the walls or other obstacles, falling climbers or dropped items, rope abrasions, entanglement, equipment failures, and injuries and death resulting from not following proper and customary safety procedures or from the negligence of other climbers, participants, spectators and users of the facilities. I acknowledge that the risks listed here are not inclusive of all possible risks associated with the use of the facility and that there are other unknown and unanticipated risks that may result in injury, illness or death.

**Release, Assumption of Risk and Responsibility:** In consideration of, and in recognition of the inherent risks associated with the activity and the use of the facility, I, and/or on behalf of any minor children which I am responsible for, agree, on behalf of myself, my/our heirs, representatives, successors, executors, administrators and assigns, to hereby release, waive, discharge and agree not to sue its officers, directors, shareholders, agents and employees, for any and all claims or demands, obligations and/or causes of action of any nature whatsoever which I may have against its officers, directors, shareholders, agents and employees, on account of any personal injury, property damage, death or accident of any kind, arising out of or in any way connected with use of the facility or equipment, whether my/our use is supervised or unsupervised and I/we agree to indemnify and hold harmless the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my/our actions.

I further certify, acknowledge and agree on behalf of myself and/or any minor children for which I am responsible, that I am/we are physically and mentally capable of participating in the activity and/or use the equipment. I/we assume responsibility for and voluntarily assume the risks for any personal injury, death and related expenses involved with this activity. I/we assume responsibility for damage to my/our personal property, and I/we assume the risks for accidents or injury caused by the negligence of my fellow climbers.

I declare that all information given in this form is true and correct to the best of my knowledge and belief and note that the data collected above will only be used by Kathmandu Sport Climbing Center in accordance with their Personal Data Protection Policies.

IN WITNESS WHEREOF, I have signed this agreement on this day.

\_\_\_\_\_  
Participant Signature (12 years and older must sign)

\_\_\_\_\_  
Participant Name

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

FOR PARTICIPANTS UNDER 18 ONLY	
_____	Parent /Legal Guardian Signature
_____	Parent /Legal Guardian Name and ID Number
_____	Date:

FOR OFFICIAL USE ONLY KSCC Registration No: _____	Processed by: _____
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