## **CLIMB CENTRAL MANILA**



Facility Registration Form / Release of Liability and Assumption of Risk		
Participant Details (Kindly fill out all fields)		
Name: (Last Name, First Name)	ID Number:	Date of Birth: (DD/MM/YYYY)
Address:		Contact Number:
Email Address:		☐ Yes! Please email me updates
		about Climb Central!
Emergency Contact Details (Kindly fill out all fields)		
Emergency Contact Name:	Relationship:	Emergency Contact Number:
Acknowledgement, Waiver & Release from Liability Agreem	ont	
I agree that this document is a legally binding agreement. E		am acknowledging that I have read.
understood and accepted the terms and conditions stated in this rights to bring a court action to recover compensation or obtain a	s agreement. I further acknow	vledge and agree that I am waiving my
Acknowledgement: I acknowledge that there are significant ele- fitness training regimes, and other similar activities provided b		
nature and extent of the risks inherent in climbing and the use o	f the facilities, including but no	ot limited to injuries and death resulting
from falling and crashing into the walls or other obstacles, equipment failures, and injuries and death resulting from no	t following proper and custo	omary safety procedures or from the
negligence of other climbers, participants, spectators and use inclusive of all possible risks associated with the use of the fac		
may result in injury, illness or death.	·	•
Release, Assumption of Risk and Responsibility: In conside activity and the use of the facility, I, and/or on behalf of any mi		
my/our heirs, representatives, successors, executors, administ not to sue its officers, directors, shareholders, agents and employed	rators and assigns, to hereby	release, waive, discharge and agree
of action of any nature whatsoever which I may have against its	officers, directors, shareholde	ers, agents and employees, on account
of any personal injury, property damage, death or accident of ar or equipment, whether my/our use is supervised or unsupervis		
entities mentioned in this paragraph from any and all liabilities actions.	or claims made by other indiv	viduals or entities as a result of my/our
I further certify, acknowledge and agree on behalf of myself and		
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.
g		
IN WITNESS WHEREOF, I have signed this agreement o	n this day.	
	FOR PARTICI	PANTS UNDER 18 ONLY
Participant Signature	Parent /Legal Guardia	n Signature
(12 years and older must sign)		
Doutising the Name and ID Name has	Devent /Lenel Countie	n Name and ID Name ar
Participant Name and ID Number	Parent /Legal Guardia	n Name and ID Number
Date	Date	
Date	Date	

FOR OFFICIAL USE ONLY	
CCM Registration No:	Processed by: