

NORTHERN ICE, LLC dba;



ACKNOWLEDGMENT AND RELEASE

Group Name/Time: _____

Name (please print): _____ Date of Birth: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ E-Mail: _____

Current Medical Conditions: _____

In case of emergency, notify:

Name: _____ Telephone: _____

I understand that participation in this program like any other situation involving height and movement involves risks and dangers including but not limited to those of bodily injury, partial and/or total disability, paralysis and death. These risks and dangers may be caused by the negligence of the participants or the negligence of others. There may be other risks not known thus or are not reasonably foreseeable at this time. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, Hereby release, Indemnify, and hold harmless, Northern Ice LLC, their officers, officials, agents and/or employees, other participants, sponsoring agents and advertisers. With respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

**We strongly advise against bringing children that are not participating in organized programming.
Unsupervised children will be asked to leave.**

Photographs and video images taken while at Peabody Ice Climbing may be used in Peabody Ice Climbing promotional materials, social media, website, or other marketing collateral.

Please Check One:

Yes, you may use my image: _____ No, you may not use my image: _____

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ALL SIGNATURES MUST BE IN INK.

(Participant signature if 18 or older) Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS

This is to certify that I, as parent/guardian with legal responsibility for this participant, so consent and agree to his/her release as provided above all the Releases, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

(Print Parent/Guardian name)

X _____

DECLARATION OF FITNESS TO MOUNTAINEER / WALL CLIMB

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Mountaineering and/or wall climbing activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Mountaineering and/or wall climbing activities, I will notify the Instructor / Guide / Spotter immediately and before moving any further.

I have read the above Declarations, understand them, and I agree to be bound by them.

S/_____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date _____

INCLUDED
Address of Adult Participant

ON

WAIVER

S/ _____
Signature of Parent or Guardian if Participant is a
Minor, and by their signature, they on my behalf
release all claims that both they and I have

Name of Parent or Guardian (Please Print)

Date _____

Address of Parent or Guardian _____

Contact No#

Name of Minor (Please Print)

Date _____

If you cannot sign the above declaration because of any of the above conditions, you must notify the Instructor / Guide / Spotter immediately before you climb.

Attention of the Authorised Insured Only (Counter- Sign upon full and correct completion)

S/

Counter-Signature of Authorised Insured

Name of Authorised Insured (Please Print)

Date _____