

**ARC Climbing Wall Helmet Waiver**

I agree, on behalf of myself and/or any minor children for whom I am responsible, that there are inherent dangers involved with climbing activities and that I/we assume all risks associated with such activities. I/we realize that I/we are subject to injury from this activity. I/we further understand that the University of Illinois and Campus Recreation safety policies and procedures require the use of and wearing of safety protective helmets, which could prevent injury to my/our head, including, but not limited to, permanent brain damage and death. Against the advice of the University of Illinois and Campus Recreation staff I/we am refusing this critical precaution and I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my voluntary refusal to wear a safety helmet.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my voluntary refusal to wear a safety helmet and to reimburse it for any such expenses incurred.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Participant name, printed clearly

\_\_\_\_\_  
Signature of Parent/Guardian of Minor (under 18)

\_\_\_\_\_  
Witnessed by (Campus Recreation employee)