

Strikes Family Entertainment Center

CLIMBER AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER)

In consideration of the services of ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER), its agent, Owners, officers, employees, and all other persons or entities acting in any capacity on its behalf, I hereby Agree to release and discharge ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER), on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that the activity I am about to engage in bears known risks and unanticipated risks that could result in injury, death, illness, disease, emotional distress, or damage to myself, to property or to third parties. The following describes some, but not all, of those risks: climbing on or falling off the artificial climbing structures, falling to the ground, on other users or being fallen on by other users, abrasions from the walls, ropes, pads, or the floor, equipment failure, belay failure, or climbing out of control or beyond ones personal limits.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER), ITS AGENTS, OWNERS, OFFICERS, EMPLOYEES, OR EVEN IF THEY, OR ANY OF THEM, NEGLIGENTLY CAUSED SUCH INJURY OR DAMAGE.
4. Should ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER), or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may suffer while participating in this event, or else I agree to bear the costs of such injury or damage myself.

My signature below indicates that I had sufficient opportunity to read this entire document; that I have read it and that I understand it and that I understand that if affects my legal rights, I agree to be bound by its terms.

Print Name:	
Telephone Number:	
Address:	
City and State:	
Zip Code:	
Today's Date:	
Sex: M/F (circle)	Date of Birth:

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted at ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER) to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ROCKLIN FAMILY ENTERTAINMENT, LLC (DBA: STRIKES FAMILY ENTERTAINMENT CENTER), from any and all CLAIMS that are brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor.

Parent or Guardian: _____ Print Name _____