

**The Hive Climbing and Fitness – Youth (Age 18 & Under) Participant AOR Form**

**ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY AND INFORMED CONSENT**

**INFORMED CONSENT OF PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY FORM FOR CHILDREN UNDER THE AGE OF 19**

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!**

\_\_\_\_\_  
NAME OF MINOR PARTICIPANT  
(please print)

\_\_\_\_\_  
NAME OF PARENT/ LEGAL GUARDIAN  
(please print)

\_\_\_\_\_  
RELATIONSHIP TO MINOR

\_\_\_\_\_  
Minor's Birthdate (mm/dd/yy)    \_\_\_\_\_  
Emergency Contact Number (Phone)

I, \_\_\_\_\_ (Parent or Legal Guardian), on behalf of the Minor Participant  
acknowledge the following:

- I am aware that the Minor Participant ("Minor") is participating in an activity solely at the discretion of the undersigned (myself) and the Minor.
- I UNDERSTAND THAT PARTICIPATION IN CLIMBING ACTIVITIES CAN BE HAZARDOUS AND MAY INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH. I acknowledge that participation in Climbing and/or Hive-related Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Climbing Activities. The risks include but are not limited to: scrapes, cuts and bruises; falling off of equipment; muscle and joint sprains and strains; broken wrists, ankles and legs; participants falling and falling on each other resulting in broken bones and other serious injuries including death, and in the context of outdoor rock climbing, in addition to the injuries listed above, include but are not limited to: trips arising from walking on uneven terrain, falling whether roped or un-roped off a route, falling rock or other objects, rope burns, weather which may cause injury due to extreme heat, cold or lightning, wild animals, insect bites, hazardous plant life, and transport by public or private vehicles to and from the climbing crag.
- I am not aware of the Minor having any existing health, mental or physical condition(s) that may increase his/her risk in using the activities at Honeycomb Climbing Incorporated and Hive Climbing North Shore Inc. ("the Company") climbing gyms.
- The Minor has been informed that he/she is to abide by the rules including directions and instructions from Company staff.
- In the event that the Minor fails to abide by the rules, he/she may lose access privileges.
- In permitting the Minor to participate in this activity, I am not relying on any oral, written or visual representations or statements made by the Company, its officers, employees, guides/instructors, agents of representatives or any other inducement.
- Based upon my understanding, acknowledgement and consents as described herein, I give the Minor Participant permission to participate in the activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date (mm/dd/yy)