Princeton University Climbing Wall Use Agreement

Princeton University's climbing wall is located in the Stadium and is operated by the Outdoor Action Program ("OA"), staff and trained OA student leaders. Outdoor Action is Princeton University's outdoor education and leadership program.

1. I hereby acknowledge and agree that the sport of rock climbing and the use of Princeton University's Outdoor Action Climbing Wall at Princeton University have inherent risks. I appreciate the nature and extent of the risks associated with rock climbing and the use of the Climbing Wall, including, but not limited to:
   - All manner of injury resulting from falling off the Climbing Wall and impacting against rock faces and projections, other climbers or equipment, or the floor.
   - Rope abrasion, entanglement, and other injuries resulting from activities on or near the Climbing Wall such as, but not limited to climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques.
   - Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes or climbing hardware.
   - Cuts and abrasions resulting from skin contact with the Climbing Wall.
   - Failure of ropes, slings, harnesses, climbing hardware, anchor points, or any part of the Climbing Wall.
2. I am unaware of any health issues or physical limitations which would preclude my safe use of the Climbing Wall (subject to the inherent risks referenced above).
3. If I provide any of my own equipment for climbing including, but not limited to: harness, shoes, ropes, carabiners, and other climbing hardware, I accept full responsibility for it's use and full responsibility for the safety of any other climbers who use this equipment.
4. I hereby agree to follow all posted regulations concerning use of the Climbing Wall including those outlined below as well as the instructions of the Climbing Wall staff. I understand that failure to follow all of the required policies and procedures can result in my losing all privileges at the Climbing Wall. I agree to adhere to the following policies for using the Climbing Wall as well as any other policies either posted at the Climbing Wall or instructed to me by Climbing Wall staff.
   - No unbelayed climbing above the Red Line on any section of the Wall. This means that no body part may be placed above the Red Line at any time.
   - All climbers and belayers are required to wear a professionally manufactured harness designed for climbing. Harnesses must utilize a double-back system to secure the harness at the waist. Climbers must tie directly into the rope using a figure 8 follow through.
   - Belaying is to be done using an ATC or similar belay device.
   - No alterations of any kind may be made to the Wall except by authorized Climbing Wall staff.
   - Climbing is only permitted during scheduled open hours or under supervision of official OA Climbing Wall staff.
   - The Wall is for the use of members of the Princeton University community (students, faculty, and staff, children and spouses). Children of University members may climb only with a parent present.
5. I am aware that climbing without a helmet can significantly increase my chances of serious injury. I am aware that Outdoor Action provides helmets for climbers for free. I voluntarily choose not to wear a helmet and accept all risks and consequences associated with this decision. _____ (initial).
6. In consideration of Princeton University enabling me to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith.
7. I certify that my date of birth is _____, and that my present age is _____, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. (If not document must also be signed by parent or guardian).
   If I am under 18 I acknowledge that I have made my own decision about whether to consult with my parents about obtaining consent in signing this form. _____(initial)
8. I hereby give my consent for medical treatment should it be required during this activity.

Signature of Climber _____ Date_____

Name (please print) _____ Class/Affil _____ Univ. ID _____

Signature of Parent/Guardian _____ Date_____

Name of Parent/Guardian (please print)_____

Witness by Wall Staff _____ Date_____

Outdoor Action Belay Test

First Name: _____ Last Name: _____

Class/Univ. Affiliation:_____ID #:_____Date: _____

Pass	Fail	Test
_____	_____	• Figure 8 tied correctly into either type of harness
_____	_____	• Harness worn correctly & Correctly sets up the belay device
_____	_____	• Does all of the **BARCK** checks: o **B**uckles are double-backed o **A**bdomen--harness is fitted correctly o **R**ope - rope is tied in correctly to the climber's harness on the proper end of the rope, and passes through belay device correctly. o **C**arabiner is locked o **K**not is tied correctly
_____	_____	• Uses proper verbal commands throughout the test
_____	_____	• Takes in slack before climber begins climbing
_____	_____	• Demonstrates good **PBUS** technique: o **P**ull in slack o **B**rake o **U**nderneath – the belayer's free hand moves below brake hand o **S**lide
_____	_____	• Maintains a safe amount of slack throughout the test
_____	_____	• Successfully catches one announced and one unannounced fall
_____	_____	• Safely lowers climber to the ground
_____	_____	• Successfully ends the belay contract
_____	_____	• Considers use of ground anchor
_____	_____	• Brake hand remains on brake strand during entire belay process
_____	_____	• Rope take-up is timely, with the rope remaining taut on the climber
_____	_____	• Demonstrates safe attitude: Attentive and serious

When climbing at the Outdoor Action Climbing Wall, I will adhere to the same safety practices I have demonstrated in this belay test. I will abide by all of the Outdoor Action Climbing Wall policies.

Signature of Belayer:_____Date: _____

I certify that the above named person has successfully completed the Belay Certification Test and is competent to belay at the Outdoor Action Climbing Wall and on Outdoor Action Trips.

Signature of Wall Staff: _____Date: _____

Name (please print): _____