



# الاتحاد السعودي للتسلق والهايكنج

## SAUDI CLIMBING AND HIKING FEDERATION



### WAVIER

IN CONSIDERATION OF MY PARTICIPATION IN THE CLIMBING ACTIVITY IN THE SAUDI CLIMBING ACADEMY, I ACKNOWLEDGE AND AGREE THAT:

**1. ASSUMPTION OF RISK:** I acknowledge the risk in rock climbing and all its aspects, and it has the potential for injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors.

**2. ACCEPTANCE OF MEDICAL TREATMENT:** In the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care. A medical team will be available during the event at sport venues. In the case of an emergency requiring medical attention, contact the any of the event organizing team. It is up to each participant to have their own insurance that covers them in the event of an injury.

**3. RELEASE FROM LIABILITY:** I WAIVE, RELEASE, AND DISCHARGE SCHF from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me. I INDEMNIFY, HOLD HARMLESS, AND WILL NOT TO SUE the entity and/or persons organizing this event and waive them from any and all liabilities or claims made as a result of engaging in this activity or event, whether caused by the negligence of release or otherwise

**4. AUTHORIZATION OF USAGE & RECORDINGS:** I understand that at this event or related activities, I might be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, sponsors, and organizers. I hereby grant to SCHF permission to use and to assign and/or license others to use all or portion of the results thereof, in all media and in any manner either known presently or developed in the future, in connection with the Event or otherwise without any additional consideration. If applicable, I hereby grant SCHF a license/ permission to display my name, Event standings and results, in any media and in any manner now known or hereafter developed.

I represent that it is not necessary for SCHF to obtain permission from or to pay any third party in connection with the rights granted in this Participant Release. All rights granted to SCHF in this Participant Release will apply forever and be free of any royalty fees.

Medical Insurance Number:

Do you have any medical condition to declare?:

Name:

Emergency Contact:

Date:

Name:

Legal Guardian Name:

Relationship:

Legal Guardian Signature:

Phone Number: