Questions about this document? Contact John Hower -Rinehart Insurance JHower@rinehartinsurance.com Office: 800-837-9969 Fax: 419-522-2482



Climbing Walls Questionnaire

Policy Number:

		e			
ldress		Street	City	State	Zip
pplicant's website address Contact's email address					
1)	Please	include the following information with your	submission for full considera	ation:	
	a.	Copies of the waiver and release or conse	ent forms signed by all partic	cipants.	
	b.	Loss runs and/or detailed account of any	past losses.		
	с.	Photos of the climbing wall(s).			
	d.	Copies of the operations/safety/training m inspection, proper belaying techniques/ce entrapment, emergencies and reporting p	ertification, setup and takedo		
	e.	Rules for the climbing wall.			
2)	What a	re the annual gross sales from this operatio	n?		
3)	How m	any climbers annually?			_
4)) How many walls are being used?				
5)) What is the height and width of the climbing wall(s)?				
6)	6) If the walls are portable:				
	a.	How are walls transported?			
_,	b.	Does the operator stay with the walls?		□Yes	—
7)		are stationary, are the walls part of another s, what type of operation?	r operation?	□Yes	∐No
8)	Do all o	climbers sign waivers?		□Yes	□No
9)	What is	the minimum age allowed?			
	lf un	der 18 years old, do parents or guardians ha	ave to sign the waiver also?	□Yes	□No
10)	-	allow climbers to use personal equipment?		□Yes	
	If yes	s, describe your policy with respect to scree	ning of personal equipment	used by others	S:
11)	Are all	belayers certified/trained?		□Yes	□No
12)	-	ype of belay device is used?			
	lf an	auto belay device, how old is the device, da	ate of last inspection, and wh	no is the manu	facturer?
13)	Is there	e a minimum of 6 to 12 inches of fall protecti	ion beneath the climbing wa		
				□Yes	∐No
	-	ype of material is used in the landing area?			
15)	Is a da	ily inspection of the wall performed and resu	ults documented?	□Yes	□No

idemnification and hold harmless agreement.

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16) Is	wall maintenance conducted by	an independent	contractor who p	provides you	with a certificate	of insurance?
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		□Yes □No
17)	Is all climbing safety equipment inspected, with inspection results documented?	□Yes □No
18)	Are safety rules posted?	□Yes □No
19)	Is a full-time, first aid or CPR certified staff member always present?	□Yes □No
20)	Is a full-time staff member positioned to have a clear view of the climbing wall and participants?	
		□Yes □No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature	Date	
Agent's Signature	Agency Name	Date

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in the sport of climbing, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence ______ and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that the sport of climbing involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis, broken bones, torn ligaments, or bruises as a result of falls from walls on which climbing is being done; participants being struck by falling objects, such as other climbers or equipment; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature	Print	Print Name			
Address	City	State	Zip		
Telephone ()	Date				
	PARENT OR GUARDIAN ADDITI (Must be completed for participant				
In consideration of (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.					
Parent or Guardian	Print Name (If notarization is necessary, please sign				